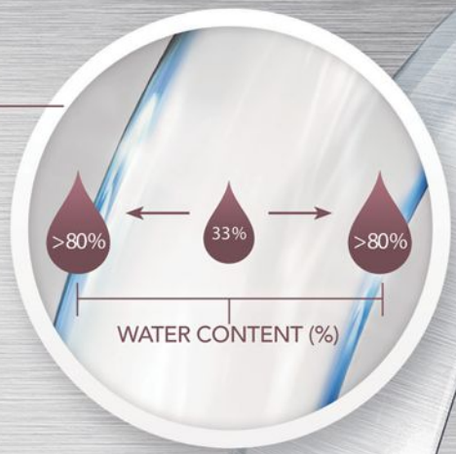
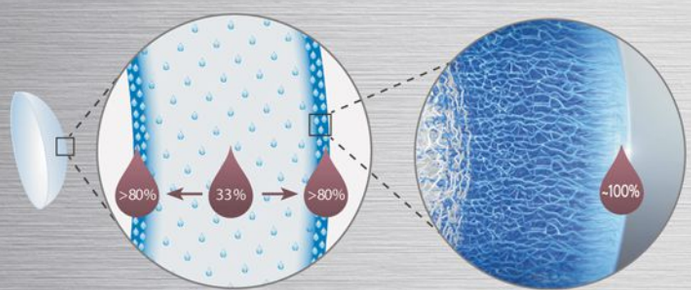
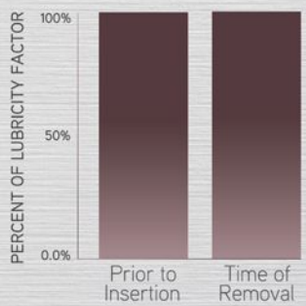


THIS IS WHY lasting lubricity means lasting comfort.

DAILIES TOTAL1® Water Gradient Contact Lenses maintain 100% of their lubricity after a day of wear.[1] And because lubricity is highly predictive of contact lens comfort, lasting lubricity means lasting comfort.[2, 3, 4]

The First and Only Water Gradient Contact Lens





UNIQUE WATER GRADIENT
Features different surface and core water contents, optimizing both surface and core properties[5]

LASTING LUBRICITY
Ultrasoft, hydrophilic surface gel approaches 100% water at the outermost surface[6] for exceptional lubricity

100% LUBRICITY MAINTAINED
Lens maintains 100% of its initial lubricity even after a day of wear[1]

Let your patients experience the DAILIES TOTAL1® contact lens difference today.

PERFORMANCE DRIVEN BY SCIENCE™

1. Alcon data on file, 2011.
2. Brennan N. Contact lens-based correlates of soft lens wearing comfort. Optom Vis Sci. 2009;86:E-abstract 90957.
3. Coles CML, Brennan NA. Coefficient of friction and soft contact lens comfort. American Academy of Optometry. 2012;E-abstract 125603.
4. Kern JR, Rappon JM, Bauman E, Vaughn B. Assessment of the relationship between contact lens coefficient of friction and subject lens comfort. ARVO 2013;E-abstract 494, B0131.
5. Thekveli S, Qiu Y, Kapoor Y, Kumi A, Liang W, Pruitt J. Structure-property relationship of delefilcon A lenses. Cont Lens Anterior Eye. 2012;35(suppl 1):e14.
6. Angelini TE, Nixon RM, Dunn AC, et al. Viscoelasticity and mesh-size at the surface of hydrogels characterized with microrheology. ARVO 2013;E-abstract 500, B0137.

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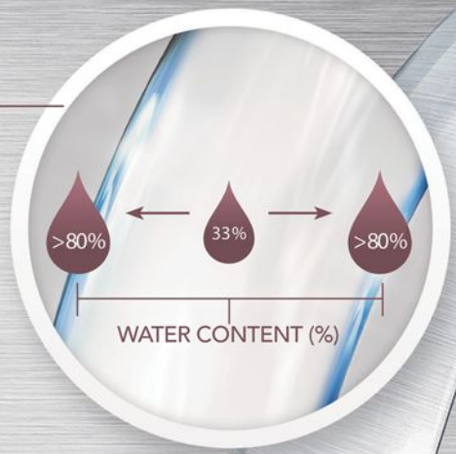

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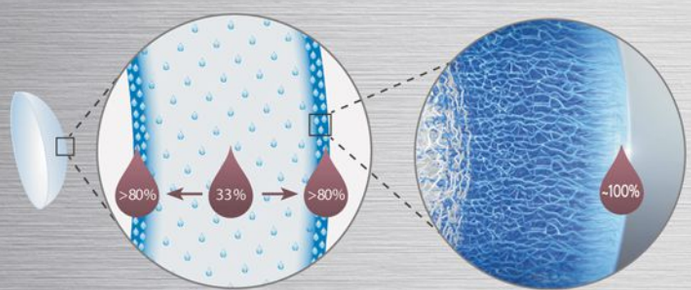

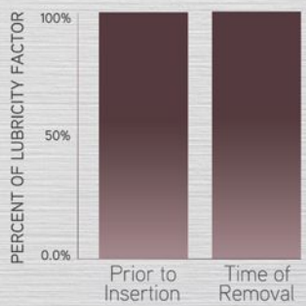

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Volume 52 October 2013 No. 4

Joint conference builds on wins, sets stage for future victories

Optometry was front and center on Capitol Hill in September. More than 600 AOA doctors and students, third-party experts, and state leaders gathered in the nation's capital to build on the profession's recent legislative and regulatory gains in Washington, D.C.

At the jointly held AOA Congressional Advocacy Conference and State Legislative and Third Party National Conference, attendees participated in meetings on Capitol Hill, talks with top Obama administration officials implementing the new health care law, and discussions led by optometry's authorities in federal, state and third-party advocacy.

"Never before has health care needed optometry more than today," Barry J. Barresi, O.D., Ph.D., the AOA's executive director, told conference participants. "Never before has optometry needed the AOA more than today."

Insider insight

Featured speakers from Congress offered advice to attendees. Sen. Rand Paul, M.D., (R-Ky.) addressed a standing-room-only crowd on the need to make tough decisions in health care spending.

see Conference, page 10

AOA Board members Greg Caldwell, O.D., Sam Pierce, O.D., President Mitch Munson, O.D., Chris Quinn, O.D., Sen. Rand Paul, M.D., (R-Ky.), Bill Reynolds, O.D., and Barb Horn, O.D.

AOA Board members Sam Pierce, O.D., Andrea Thau, O.D., Barb Horn, O.D., Sen. John Boozman, O.D., (R-Ark.) and Chris Quinn, O.D.

SCO student Dan Geary, Marianne Boltz, O.D., Steve Eiss, O.D., Rep. Charlie Dent (R-Pa.), and PCO students MaeLyn Chan and Cynthia Wiener.

ODs earn $1 billion under Medicare

Optometrists for the first time earned more than $1 billion in reimbursements under Medicare during 2012, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

Complete 2012 data on the number of optometrists providing services under Medicare, the number of Medicare patients seen that year, or the total number of services provided by them is not yet available. However, the CMS estimates 32,404 optometrists saw Medicare patients during 2011, and more than 11 million services were performed by those optometrists under Medicare that year.

"More than ever, it is evident that AOA's two-decade battle to win full inclusion of optometrists in Medicare was well worth the effort," said AOA Federal Relations Committee Chair Roger Jordan, O.D. "Recognition of optometrists as physicians under Medicare – as well as subsequent recognition of optometrists as providers of medical eye care under other public and private health plans – has clearly resulted in increased revenues that have helped to maintain the economic viability of optometric practices across the nation." More importantly it has helped to ensure access to a full range of primary eye care

See Billion, page 6

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ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from VISTAKON® Division of Johnson & Johnson Vision Care, Inc., by calling 1-800-843-2020 or by visiting acuvueprofessional.com.

Reference: 1. Morgan P, Chamberlain P, Moody K, et al. Ocular physiology and comfort in neophyte subjects fitted with daily disposable silicone hydrogel contact lenses. *Cont Lens Anterior Eye.* 2013;36(3):118-125.

HHS: Guard patient information in copiers

Digital photocopiers used in health care practices to make copies of insurance cards, patient identification, and patient records during referrals to other practitioners may be a source of privacy violations. The U.S. Department of Health & Human Services (HHS) warns that while digital copiers may be fast, efficient and relatively inexpensive, they can pose a potential risk to the privacy of patient health information.

In the first case of its kind, Affinity Health Plan, Inc., a New York City not-for-profit managed care plan, announced in August it will pay the HHS more than $1.2 million to settle allegations it violated the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules by failing to properly protect patient information stored in a copier.

Digital copiers utilize hard drives that retain the images of the documents fed into the device, even after copying process is completed.

Many health care practitioners may not realize the copiers they use in their practices for taking insurance information, issuing care instructions or other purposes will contain federally protected patient information.

The Business Center of the Federal Trade Commission's (FTC) Office of Consumer Protection recommends health care practitioners – as well as all other businesses – protect information stored on the hard drives of their photocopiers through encryption and overwriting. The National Institute of Standards and Technology (NIST) recommends specific procedures businesses can use to remove all stored data – or "sanitize" – digital copiers and other digital devices when the units are disposed of.

The HHS investigation of Affinity indicated it impermissibly disclosed the protected health information of up to 344,579 individuals when it returned multiple photocopiers to a leasing agent without erasing the data contained on the copier hard drives.

In addition, the investigation revealed Affinity failed to incorporate the electronic protected health information stored in copier's hard drives in its analysis of risks and vulnerabilities as required by the Security Rule and failed to implement policies and procedures when returning the hard drives to its leasing agents.

Increasing the chances for a privacy breach, health care practices, like other businesses, commonly obtain digital copiers through lease arrangements, meaning the copier at some point will be returned to the vendor.

Federal officials consider health information to be unsecured if it has not been encrypted to render it unreadable to unauthorized parties.

While good electronic health records systems should provide encryption, and encryption programs are available for office computers, digital copiers will not encrypt information stored in their hard drives, the AOA Office of Counsel notes. Photocopiers are just one of many digital devices – such as laptop computers, cell phones and digital personal organizers – commonly found in health care practices that may contain electronic protected health information and may pose a potential for a privacy breach if lost, stolen, sold, discarded or even repaired.

Practitioners should take steps to protect any information stored on those devices, in line with HIPAA regulations, just as they would information stored on their office computers.

Guidance on safeguarding sensitive data stored in the hard drives of digital copiers or in other digital devices is available from several resources, including:

- Copier Data Security: A Guide for Businesses – FTC guidance on encryption, overwriting and other steps to secure digital copier used in office settings against security breach. *http://business.ftc.gov/documents/bus43-copier-data-security.*
- National Institute of Standards and Technology Guidelines for Media Sanitization – Available at *http://tinyurl.com/mmxuolh.* The HHS offers free training on compliance with the HIPAA Privacy and Security Rules for continuing medical education credit at *www.medscape.org/sites/advances/patients-rights.*
- The HHS Resolution Agreement and CAP at *http://tinyurl.com/kg6vkoj.*

Many health care practitioners may not realize the copiers they use in their practices for taking insurance information, issuing care instructions or other purposes will contain federally protected patient information.

Encryption: Protect your patients and your practice

Encryption is one of the simplest and most effective steps an optometrist can take to protect electronic patient information, according to Michael Stokes, J.D., AOA General Counsel.

"Unfortunately, it is often underutilized," Stokes said.

Many health care practitioners fail to encrypt patient information stored on CDs, laptop computers or other digital devices such as tablets, Stokes said. But these devices pose the greatest risk for the loss or theft of patient information.

Using passwords and user identification is not enough. To meet federal Health Insurance Portability and Accountability Act (HIPAA) standards and protect patient information, encryption is crucial.

What is encryption?

Encryption is the process of specially encoding messages or information to make it unreadable to people who should not have access.

Most computers and many other devices that store data have built-in encryption systems. And virtually all electronic health records (EHR) systems offer encryption. In most cases, users just need to activate the encryption program. Generally that involves simply pressing a button or selecting the encryption option on a program menu.

Once encryption is activated, information stored on the device is effectively protected should the device be lost or stolen, Stokes said. In addition, information transferred to a CD or other storage medium will be rendered unreadable to unintended viewers.

Why passwords are not enough

Using passwords and user identification on electronic devices is not sufficient to meet HIPAA standards, Stokes emphasized. Thieves can easily find their way past password and ID protection.

Under law, health care practitioners who fail to secure patient information must report privacy breaches to affected parties, government officials, and, in some cases, the media. They may also be subject to substantial fines and civil liability.

Fortunately, most optometrists already have the technology to prevent such breaches and meet HIPAA standards.

"All optometrists have to do is enable the encryption feature on their EHRs and digital devices," Stokes said. "Then, even if they lose a laptop or get hacked, the potential loss of encrypted data is not considered a 'breach,' and there is no public reporting, no federal penalties, no public embarrassment, and probably no civil liability. Problem solved."

To help guide optometrists, the AOA also provides online HIPAA compliance resources.

Visit *www.aoa.org/optometrists/tools-and-resources/hipaa-compliance* for more.

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PRESIDENT'S COLUMN

Our greatest gift

This past May, I had the pleasure of delivering the commencement addresses to both Northwestern State University and the Southern California colleges of optometry. After watching 125 new ODs leave the stage, I saw another 59 who had finished their residencies. This year saw nearly 25 percent of the 2013 graduating class entering residencies.

The expansion of optometric scope has certainly changed the world we all practice in, but as much as things change, they do stay the same… and that's all right.

When we talk about these changes, I prefer to use terms such as "expanded scope" or "increased scope" and refrain from terms such as "evolution" or "progression." Both of the later imply moving from one place to another, and that can be problematic.

While many of us enjoy practicing a brand of medical optometry that was unavailable to us 25 years ago, we should never forget the fundamental roots from which the name of our profession is derived. To be sure, when it comes to measuring and correcting the refractive status of the eye, no one does it better than we do.

While many of us enjoy practicing a brand of medical optometry that was unavailable to us 25 years ago, we should never forget the fundamental roots from which the name of our profession is derived.

In light of the many diseased eyes that we treat, I would suspect that for many optometrists, their core book of business is still refractive care. Why? Because it's what we do, it's what most of our patients come to see us for and, at the end of the day, our training allows us to correct the refractive and binocular problems of our patients better than anyone on the planet.

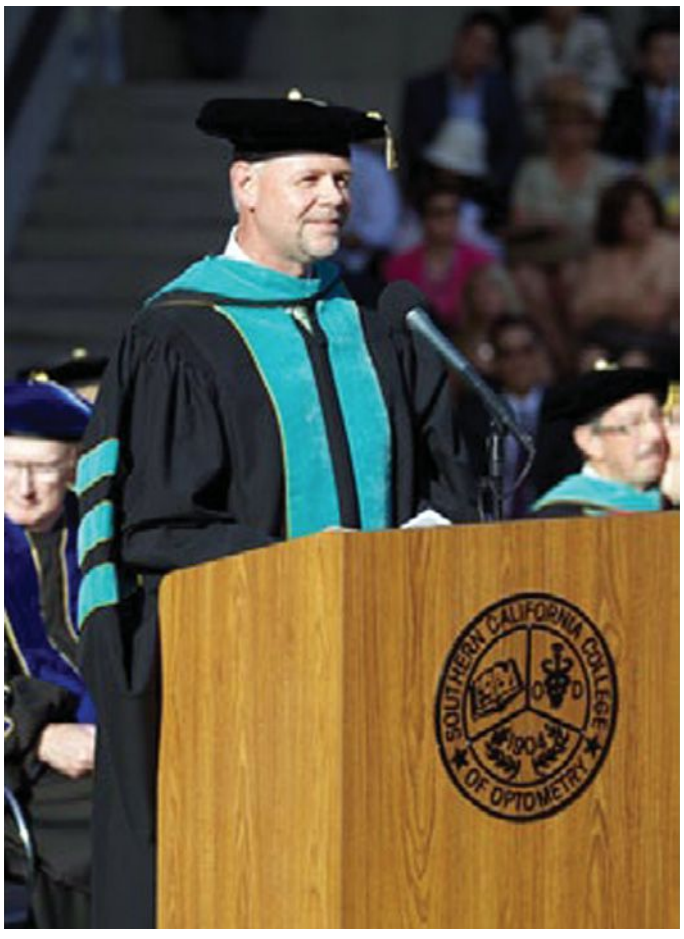
The advancements in spectacle and contact lens technology continue to enhance our services by arming us with more options — options that lead to better outcomes and happier patients.

Two years ago, I fit my first scleral lens on a patient who suffered from post-LASIK ectasia. Her best-corrected visual acuity was 20/80 in her better eye. She could not get her driver's license renewed, and her vision with the soft toric lenses fit by her previous ophthalmologist was 20/100.

The OMD told her that was the best anyone could do. But it wasn't. Her fitting was life-changing for both of us — yielding 20/20 acuities and a very grateful patient.

Since then, I have fit many more patients, and with each success story, I am reminded of the incredible and unique skills that enable each of us to restore what most of humanity would consider their greatest gift. Yes, we ARE optometrists.

Sincerely,
Mitchell T. Munson, O.D.,
AOA president



Dr. Munson addresses the class of 2013 at the Southern California College of Optometry Commencement in Fullerton, Calif. Dr. Munson was also honored with the Distinguished Service Award for his contributions over time that have advanced the stature and integrity of the college. He is a 1986 graduate of SCCO.

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Healthcare providers are regularly audited by Medicare and various other payers. Learn how to maintain better patient records- both paper and electronic- in order to ensure enhanced patient care, increased communication among doctors and staff, more accurate coding, and reduced stress regarding audits.

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- Decode Health Information Technology lingo: Interoperability, Image Management, Connectivity – "need-to-knows" to survive and succeed in the rapidly changing world of healthcare
- Understand how to participate in the EHR Incentive Program when other doctors in your practice are not

*Please note: Incentive dollar amounts are calculated as a percentage of total Medicare payments and as such, may vary depending on a particular doctor's gross payments from Medicare.

Speakers include:

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Optometrists should prepare for the 'bionic eye'

The "bionic eye" has arrived—and soon will be covered by Medicare.

The Argus II Retinal Prosthesis System is the first device ever approved to restore functional vision in the legally blind. It has been approved for reimbursement under Medicare, according to the device's developer, Second Sight Medical Products of Sylmar, Calif.

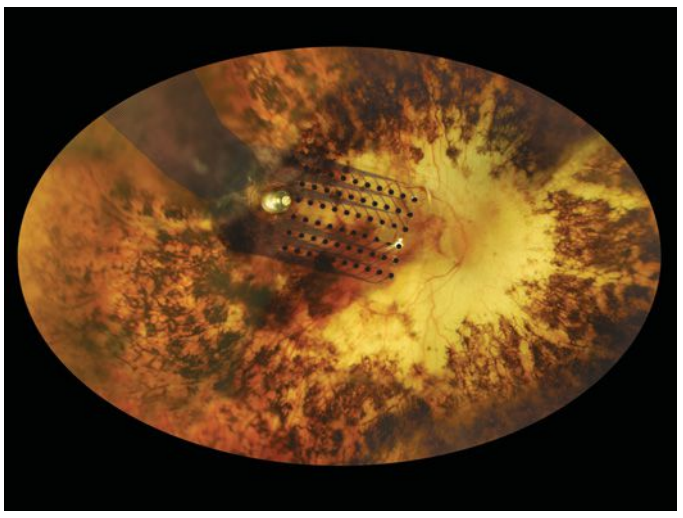
With the new retinal prosthesis already receiving widespread media coverage, optometrists should be prepared to answer patient questions and refer patients for implantation when appropriate, according to the AOA Vision Rehabilitation Section (VRS).

How the Argus II works

The Argus II sends a signal from a small camera, mounted in the patient's eyeglasses, to the patient's retina, thereby restoring some sight, according to the manufacturer. It will be used initially for patients with end-stage retinitis pigmentosa.

This first-of-its-kind retinal prosthesis was approved by the U.S. Food and Drug Administration (FDA) earlier in 2013, under a humanitarian device exemption designed to speed introduction into the U.S. market. The device had already been approved in the European Union.

Medicare will begin covering the devices Oct. 1, 2013.



Fundus image of the Argus II implanted on the retina.

Optometrists will be involved

"Optometrists will have an important role to play in providing pre- and post-assessments for these prosthesis patients," said Bhavani Iyer, O.D., AOA VRS Council member. As director of the new Center for Visual Rehabilitation at the University of Texas Medical School in Houston, Dr. Iyer will be providing care for retinal implant patients in the Houston area.

In addition, vision rehabilitation practitioners will play a crucial role in helping patients adapt to the implant, according to the AOA VRS. The implant does not provide normal vision but rather sends signals that patients eventually learn to interpret, according to the manufacturer.

"I am told it will provide light perception and projection-like vision," Dr. Iyer said. He expects vision rehabilitation practitioners to do blind rehab, basic activities of daily living skills training, orientation and mobility training, among other tasks.

The Argus II was approved for marketing in the U.S. under a humanitarian exemption. The AOA VRS believes optometrists will play a critical role in providing data for follow-up studies to document the device's efficacy.

Dr. Iyer and the VRS Council are developing a list of tests appropriate to assess function post-implant.

The Argus II "bionic eye" implant is approved for use in the U.S.

Billion,

from page 1

for the nation's rapidly growing older adult population, Dr. Jordan said.

"These figures clearly demonstrate how important optometrists are today as providers of eye health services," Dr. Jordan said. The vast majority of Medicare reimbursement to optometrists comes from medical eye care rather than eyewear, which is still covered by Medicare under very limited circumstances, he noted.

The data was released last month as the CMS celebrated the 50th anniversary of Medicare this summer.

"The landmark data announced by the CMS last month illustrates the importance of AOA efforts to ensure optometrists are included in all public and private health programs," Dr. Jordan said. "Current efforts to ensure optometrists will see patients as part of accountable care organizations or under health insurance marketplace plans could in the not too distant future provide just as important as the association's efforts to ensure optometry's participation in Medicare."

FDA releases two eye and vision care-related advisories

The U.S. Food and Drug Administration (FDA) recently issued the following public advisories related to eye and vision care.

Altaire voluntarily recalls 9 ophthalmic solution lots

Altaire Pharmaceuticals, Inc. issued a voluntary nationwide recall of nine lots of carboxymethylcellulose sodium 0.5% ophthalmic solution, sold under several brands, because the preservative may not be effective through the expiration date.

The FDA alert for the voluntary recall is available at *http://tinyurl.com/FDAAltaire*.

NuVision Pharmacy sterile products

The FDA is again cautioning health care practitioners against the use of sterile products from NuVision Pharmacy. The Texas-based compounding pharmacy has refused to comply with a July 26, 2013, FDA request to recall its entire line of sterile products. The FDA found evidence of poor sterile production practices during an April 2013 inspection at NuVision's Dallas facilities and issued an initial alert to health practitioners May 18, 2013.

Following the April inspection, NuVision recalled its methylcobalamin injection and lyophilized injection products due to a lack of sterility assurance and quality control concerns.

The inspection was prompted by reports to the FDA regarding adverse events associated with the methylcobalamin product.

The agency is not aware of any adverse event reports associated with other sterile products from NuVision.

The FDA notes that if a drug product marketed as sterile contains microbial contamination, patients could be at risk for serious, potentially life-threatening infections.

The FDA advisory is available at *http://tinyurl.com/FDANuVision*.

More FDA alerts are available at *www.aoa.org/FDAalerts*.

CDC warns foam parties may cause eye irritation

Foam parties are increasingly popular, but the fun may come with a price. Foam parties may cause eye irritation sufficient to impair vision and require medical treatment, according to a report from the Centers for Disease Control and Prevention (CDC).

For example, more than 50 participants in a May 25 foam party at a Naples, Fla., night club sought treatment for eye injuries at local emergency rooms and other health care facilities.

"Foam party attendees could potentially suffer eye irritation if foam particles get into the eye," said Beth Kneib, O.D., director of the AOA Clinical Resources Group. "Proper eye washes should be available during foam parties. However, should eye irritation occur, the participant should quickly seek professional treatment."

The resulting eye irritation can cause discomfort, a burning sensation and tearing.

Driving with irritated eyes may be dangerous.

"Fortunately, appropriate treatment can be found through optometric practices, as well as at clinics or emergency rooms," Dr. Kneib said.

Minor irritation to major injuries

At foam parties, soapy foam is sprayed onto the dance floor from blowers on the ground or attached to the ceiling. Several feet of foam can accumulate over the course of a party. These parties are increasing popular at nightclubs, school dances, church events, birthday parties, picnics, social club events and college parties.

Participants should be wary, though. After the

Naples event, the CDC and Florida Department of Health took notice when disease and injury tracking systems revealed numerous patients with similar eye injuries.

Although some party-goers experienced minor eye irritations, many experienced more serious injuries, the CDC notes. In all cases, injured persons reported getting foam in their face.

Almost 90 percent reported rubbing their eyes after exposure to the foam.

Eye irritation (94.6 percent), severe eye pain (91.1 percent), pink eye/redness (87.5 percent), decreased visual acuity (81.3 percent), and conjunctivitis (76.8 percent) were the most common injuries.

Half of the cases were diagnosed with abrasions of the cornea.

In 11 cases, patients' visual acuity could not be tested in at least one eye during their initial exam because they were unable to open their eye or read the first letter of the chart.

The average duration of symptoms was seven days, ranging from less than one hour to more than one month.

In seven cases, symptoms had not completely resolved a month after the party. Those seeking care required an average number of 3.2 visits to health care facilities.

"This investigation highlights the range and potential seriousness of eye injuries that can result from exposure to foam," the CDC report notes.

AOA leads coalition response to Harkin law repeal

Leading a coalition of 20 national organizations representing the interests of millions of health care providers and the patients they serve, the AOA is at the forefront of an effort to prevent enactment of legislation backed by ophthalmology and the American Medical Association that would overturn a key access to care measure signed into law in 2010 to bar anti-optometry discrimination by health plans.

Rep. Andrew Harris, M.D., (R-Md.) introduced H.R. 2817, which would undo the progress the Harkin law has made for optometrists, other providers and their patients. If passed, it would encourage health plans to eliminate ODs and other non-MD providers from their networks, restrict patient access to essential high-quality care, and roll-back increased competition and choice in health care.

Overall, Section 2706 targets health insurance plans – including large employer-sponsored programs organized under the Federal Employee Retirement Income Security Act (ERISA) – that have at times made it policy to summarily deny coverage for the services of doctors of optometry and other health care providers in a purported effort to contain costs. These policies have also been a boon for medical doctors who have enjoyed the financial benefits of restricted competition from non-MD providers.

While the exclusionary health insurer actions that Section 2706 targets harmed ODs and other providers, in the end it is patients who have borne the overwhelming burden. For patients, it has largely meant reduced access to care from the providers of their choice and higher costs to both consumers and the overall health system because the market share is dominated by medical doctors.

The AOA mobilized the American Dental Association and other groups in the Patients' Access to Responsible Care Alliance (PARCA) and spearheaded a letter (*www.accessparca.com/images/PARCA_and_Friends_Letter_Opposing_HR_2817.pdf*) signed by 20 leading national organizations and delivered to all U.S. House members in early September urging lawmakers to actively oppose H.R. 2817.

In the letter, PARCA and its allies stressed that Section 2706 should remain law as it targets unfair policies that limit patient access to needed care and result in a windfall for medical doctors who have enjoyed the financial benefits of artificially restricted competition from non-MD providers, including doctors of optometry.

"Limiting patient access to and choice of qualified, licensed, and certified non-MD/DO health care providers, as H.R. 2817 intends, would only further reduce competition while concentrating market share and economic benefit into the hands of select providers – a misguided policy that would harm patient access to needed health care services while increasing costs for consumers and the delivery system as a whole," PARCA and its allies said in the letter to Congress.

Bolstering ongoing coalition efforts, hundreds of AOA doctors and students fought back against H.R. 2817 during the 2013 AOA Congressional Advocacy Conference.

For more information, visit *AOA.org/advocacy*.

Awards honor optometry's advocacy champions

For advocacy to work, advocates need legislative champions who listen to them and craft laws accordingly.

With that in mind, the AOA honored optometry's champions at the jointly held AOA Congressional Advocacy Conference and State Legislative and Third Party National Conference. AOA doctors and students heard directly from many of Capitol Hill's most prominent health policy leaders, whom the AOA recognized with AOA Healthcare Leadership Awards.

Awardees included Rep. Michael Burgess, M.D. (R-Texas), the key architect of AOA-supported legislation that would repeal and replace Medicare's flawed sustainable growth rate (SGR) payment formula.

Rep. Burgess noted the AOA played a leading role in shaping the House SGR reform bill and called on the AOA and its members to lead the effort in the U.S. Senate to prioritize a long-term solution to the threat of annual Medicare payment cuts.

Others honored as champions of optometry included:

- Sen. Mazie Hirono (D-Hawaii), the first and only Asian female senator. "Optometrists perform so much more than eye exams," she said. "The level of care and attention one receives from optometrists is so much more than eye health."
- Sen. Ben Cardin (D-Md.) who recently visited a mobile eye clinic in his home state. "You perform your services better than anyone in the world," he said. "Thanks for dedicating your lives to helping people."
- Rep. Brad Wenstrup, DPM, (R-Ohio), a podiatrist whose father is an optician. "There are many health care needs in America," he said. "And there's roles for all of us ... I thank you today for fulfilling so many of those roles."
- Rep. Paul Gosar (R-Ariz.), a dental surgeon and past vice chair of the American Dental Association's Council on Government Affairs. He said health care should be based on four principles: competition in the marketplace, tort reform, tax reform and public health reform.
- Rep. Reid Ribble (R-Wis.), a former president of the National Roofing Contractors Association. "If you don't like the circumstances you see, go do something about it," he said. "What you do matters."

"The level of care and attention one receives from optometrists is so much more than eye health."

AOA Public Service Awards went to:

- Rep. James Beverly, O.D., from Georgia
- Sen. David Curtis, O.D., from North Carolina
- Sen. David R. Heitmeier, O.D., from Louisiana
- Rep. Deborah A. Long, O.D., from South Carolina
- Rep. James McClendon, Jr., O.D., from Alabama
- Sen. David Parker, O.D., from Mississippi

Rep. Michael Burgess, M.D., (R-Texas) notes the key role AOA plays in shaping the House SGR bill. Keyperson Steve Nguyen, O.D., is at left.

Sen. Mazie Hirono (D-Hawaii) talks about eye health as Keyperson Peter Shoji, O.D., looks on.

Sen. Ben Cardin (D-Md.) talks about the importance of optometry. Check out video of his speech at www.aoa.org/news/advocacy/awards-honor-optometrys-advocacy-champions.

Rep. Brad Wenstrup, DPM, (R-Ohio), addresses all the roles of optometrists in health care.

Rep. Reid Ribble (R-Wis.), a former president of the National Roofing Contractors Association, reflects on the possibility of change.

Conference,

from page 1

Sen. Paul's appearance before optometry signals it as an important stop as he ponders a run for the presidency.

"We have to figure out how to get a better solution for everyone," Sen. Paul said.

And Rep. Dan Maffei (D-N.Y.) offered volunteers tips on how to be heard in Washington.

"Your mere presence is the most convincing thing," Maffei said. He added that advocates should not be disappointed if they end up speaking with congressional staffers rather than members; staffers often have the most knowledge about important issues.

Optometry's top priorities

AOA leaders rallied attendees—referred to as optometry's "boots on the ground"—to support top legislative priorities.

"The AOA continues to make the voice of optometry heard in our nation's capital thanks to the willingness of member doctors and students to take the profession's message directly to our lawmakers on Capitol Hill," said AOA President Mitchell T. Munson, O.D. "This year's legislative priorities are focused on our continued commitment to gain equity in Medicaid, inclusion in the National Health Service Corp and defeating anti-optometry initiatives."

Optometry-specific legislation now before Congress include the Optometric Equity in Medicaid Act (H.R. 855) and the National Health Service Corps Improvement Act (H.R. 920 and S. 1445).

AOA frontline advocates also discussed the need to safeguard and expand the profession's most recent wins, including comprehensive pediatric eye health coverage and the Harkin law.

Unveiling the AOA-PAC app

At the conference, the AOA-PAC unveiled a new mobile app that aims to increase engagement and ease of use. The app is available on both Apple and Android platforms by searching the app stores for "AOA PAC."

Beekeeper Group developer Justin Kutner demonstrated the app's cutting-edge features:

- Video gallery
- Social media sharing
- Latest advocacy news
- Action center
- Congressional directory
- Mobile donations

Addressing joint state and third-party issues

Prior to the Congressional Conference, more than 200 state affiliate leaders gathered to discuss emerging topics at the state level at the 2013 State Legislative and Third Party National Conference.

This is the third meeting of both state legislative and third-party leaders to discuss joint issues facing optometrists such as how to fight discriminatory practices by health plans, Medicaid advocacy, scope of practice issues and dealing with kiosks and online eyeglasses sales.

In addition, attendees heard from Norman Ward, M.D., about how optometry works within an accountable care organization (ACO). Dr. Ward is the executive medical director for Accountable Care, Fletcher Allen Health Care, and executive medical director, OneCare Vermont, an ACO.

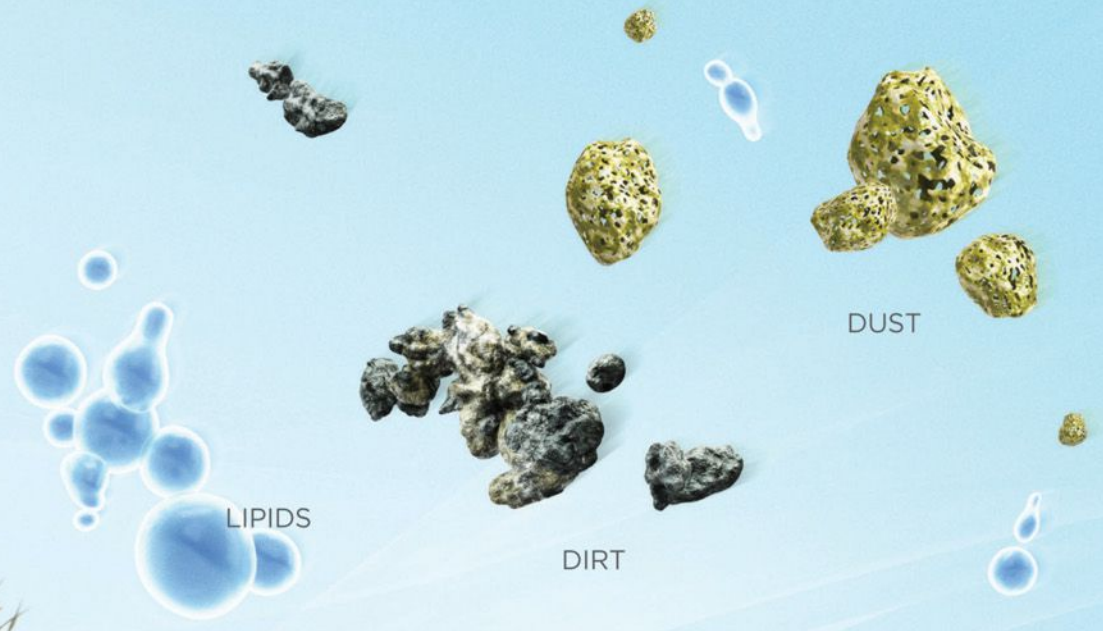
To find out how to become more involved in federal advocacy—including joining the AOA Federal Keyperson Program or becoming an AOA-PAC investor—contact the AOA Washington office team at 800-365-2219 or *Impact WashingtonDC@aoa.org*.

Christopher Colburn, O.D., president-elect NYSOA, Rep. Dan Maffei, and AOA Secretary-Treasurer Andrea Thau, O.D.

James Hardie, O.D.; Heather Slates, student at PCO; Rep. Candice Miller (R-Mich.); and AOA Trustee Barbara Horn, O.D.

AOA President Mitch Munson, O.D., with CNN commentator Donna Brazile

Above: AOA Trustee Robert Layman, O.D., Molly Long (Rep. Marcy Kaptur staffer), and Lythe Natour, OSU student.
At left: Lamont Bunyon, O.D., John Burns, O.D., Sen. Steny Hoyer (D-Md.), and PCO students Whitney McConkey, Kathleen Van Horn, and Radhika Patel.



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Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. **Relevant Warnings:** A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10,000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10,000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. **Relevant Precautions:** Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. **Side Effects:** In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. **Contraindications:** Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). **Additional Information:** Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge by calling **(800) 241-5999** or go to **myalcon.com**.

References: 1. In vitro measurement of contact angles on unworn lenses; significance demonstrated at the 0.05 level; Alcon data on file, 2009. **2.** Nash W, Gabriel M, Mowrey-McKee M. A comparison of various silicone hydrogel lenses; lipid and protein deposition as a result of daily wear. *Optom Vis Sci.* 2010;87: E-abstract 105110. **3.** Ex vivo measurement of lipid deposits on lenses worn daily wear through manufacturer recommended replacement period; CLEAR CARE® Cleaning and Disinfecting Solution used for cleaning an disinfection; significance demonstrated at the 0.05 level; Alcon data on file, 2008.

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AOA committee says vision care is essential for CHCs

AOA Health Center Committee members believe increased demand, generated under the health care reform law, will make eye and vision care services a necessity for every community health center (CHC). Committee members recently published an article in the journal of the National Association of Community Health Centers (NACHC) offering an overview of the issue.

CHCs will play a significant role in ensuring all Americans receive the essential health care services – including eye care and children's vision care – covered under the federal Affordable Care Act (ACA) next year, according to the U.S. Department of Health & Human Services (HHS). CHCs are an important source of health care in inner cities, remote rural areas, public housing projects, migrant camps and other medically underserved areas.

That means eye and vision care must now be considered an essential service in all 9,000 of the nation's federally qualified CHCs, according to the committee's article, "Vision Care: the Next Essential Service in Community Health Centers," in *Community Forum*.

Currently, fewer than 10 percent of the nation's community health centers offer comprehensive eye and vision care onsite, said Lillian Kalaczinski, O.D., chair of the AOA Health Center Committee.

Some 30 million Americans are expected to enroll in new ACA health insurance plans – 7 million during 2014 alone, according to the HHS.

In the article, Dr. Kalaczinski and her fellow AOA CHC Committee members note racial minorities and economically disadvantaged populations seen in health centers have significantly higher instances of both serious eye conditions and systemic illness with ocular manifestations (notably diabetes) than the U.S. population as whole.

CHCs, established specifically to provide care for disadvantaged populations, will serve a sizable percentage of the newly insured.

Disadvantaged children often have uncorrected vision problems that can lead to scholastic under achievement, studies show. Adults and children diagnosed with or at-risk-for eye conditions are far more likely to receive the care required if it is available immediately than if they are referred to another provider and travel to another facility, studies also show.

Health plans authorized under the ACA will cover a required package of "essential benefits" including a children's vision benefit that includes comprehensive eye examinations and eyewear and adult eye care equal to what is typically covered under an employer-based health insurance program.

The AOA offers a variety of resources to assist optometrists in providing eye and vision care in CHCs or in their practices through contracts with CHCs. For additional information, visit *www.aoa.org/advocacy/federal-advocacy/community-health-centers*.

Read the full article authored by Dr. Kalaczinski, Gary Chu, O.D., MPH, Jan Cooper, O.D., Teresa Gossard, O.D., Susan Primo, O.D., MPH, Joyce Ramsue Thompson, O.D., Michael R. Duenas, O.D., and Kelli White at *www.nachc.com/client/documents/Vision%20Care.pdf*.

Take systematic approach to assessing insurance plans

The enactment of the federal Affordable Care Act (ACA) and changing conditions in the insurance market are spurring introduction of numerous new health insurance plans as well as revisions to existing insurance programs, according to the AOA Third Party Center.

Practicing optometrists may be receiving offers to participate in new health insurance plans as well as revised provider agreements for programs under which they already provide care, noted Charles Brownlow, O.D., who frequently writes and lectures on third-party payer issues in addition to serving as a consultant to AOAExcel™.

Although optometrists have now been providing eye and vision care under third-party plans for more than 30 years, many still take what Dr. Brownlow considers to be a somewhat haphazard approach to relations with insurance plans.

"As matter of sound practice management in an increasingly competitive health care environment, each optometrist should carefully and systematically evaluate all provider agreements, just as they would an investment opportunity or a major purchase," Dr. Brownlow said.

In addition to not properly reviewing provider agreements, many optometrists still do not realize that the terms of those agreements may be negotiable, Dr. Brownlow said.

"In many cases, insurance plans will consider changes in their provider contracts to accommodate the needs of individual practices," Dr. Brownlow said. "However, many practitioners simply never bother to ask." Health care groups or associations cannot use professional bargaining agents when dealing with insurance companies because, unlike union laborers, licensed health care practitioners do not have authority to negotiate collectively under federal law. Individual practices, however, may be assisted by consultants or agents in their negotiations with insurers.

"Every practice is unique," said Dr. Brownlow. "The needs of one practice will be different from the next. Health care practitioners stand to benefit from individually negotiating contracts that meet the specific requirements of their respective practices."

The real problem is that many optometrists lack a systematic approach to insurance plan relations.

Steps to take in plan evaluation

Dr. Brownlow suggested the following steps during his presentation at the AOA State Legislative and Third Party National Conference:

1. Meet with the practice accountant and other advisers to develop parameters for acceptable provider agreements for the practice. The parameters should be based on the individual practice's established fee schedule, scope of practice, needs of patients, and other considerations in the practice. In order to legal comply, practitioners must not collaborate with other practices to establish parameters. The parameters need to be unique to the practice.

2. Research all the insurance plan contracts under which the practice now provides care. (If a contract cannot be found, contact the insurer and ask for a copy of the plan's current provider contract, as well as the next renewal contract, if available.) Add any prospective provider agreements for any new plans sent to the practice.

3. Compare the parameters developed for the practice to the components of each provider agreement.

4. If the components of the contract meet or exceed the parameters established for the practice, the practitioner will probably wish to join the new plan or renew the contract.

5. If one or more of the components falls short of the parameters, the practitioner should prepare to negotiate with the insurer. In such cases, inform the insurer the practice would like to negotiate some components prior to accepting or rejecting the contract or renewal.

6. If the insurer is willing to negotiate, work constructively to reach the best agreement possible. If the insurer refuses to negotiate, discuss the options with the practice accountant and advisers and make a decision.

"Even when insurers have a 'take it or leave it' approach to their provider agreements, practitioners will almost always be better off knowing that their decisions on third-party coverage have been made based on sound principles and procedures," Dr. Brownlow said.

Beyond providing an objective measure by which third-party plans can be judged, establishing practice parameters offers an opportunity for an overall review of the practice, Dr. Brownlow suggests. Such periodic reviews can be beneficial to overall good practice management.

"In today's health care market, the evaluation of insurance programs and, when appropriate, negotiation with insurance plan on the term of provider agreements, has become a responsibility that practicing optometrists must undertake," Dr. Brownlow said.

The days of accepting or rejecting insurance plans summarily or with minimal review are over.

"There is no shortcut to this process. Provider agreements with insurers are business contracts and, as such, require a business-like approach," Dr. Brownlow said.

Studies show better insulin management reduces retinopathy in type 1 diabetes patients

Two new studies funded by the National Institutes of Health (NIH) find the frequency and severity of retinopathy in patients with type 1 diabetes is decreasing. Improved diabetes care – especially better insulin management – is the likely reason, the studies suggest.

"This research affirms that overall strict diabetes management is a necessary component of care for diabetes-related eye conditions," said Michael R. Duenas, O.D., AOA chief public health officer. "Optometrists must play an active role in educating patients with diabetes on the effective management of their condition. They should be prepared to immediately begin counseling patients on good diabetes management even before diabetic retinopathy is found in the course of an eye examination. When caring for any patient with diabetes, optometrists should record glucose levels, A1C, body mass index (BMI) and other pertinent information in the patient record. They should also be prepared to share their findings, including fundus images and treatment recommendations with the other practitioners in the diabetes patient's care team."

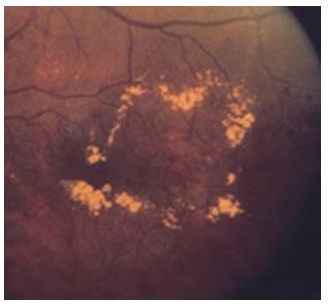
The new research suggests that more intensive insulin management and diabetes care, implemented over recent years following the Diabetes Control and Complications Trial (DCCT), has effectively changed the retinopathy prognosis for people with type 1 diabetes. The DCCT found that intensive glucose control was effective in slowing the onset and progression of diabetes-related eye, kidney, and nerve damage, and improved the overall health of diabetes patients. The two new NIH-funded, population-based studies compared the results of diabetes care before and after publication of the DCCT.

Optometrists must play an active role in educating patients with diabetes on the effective management of their condition.

The studies looked at the frequency and severity of eye disease among two groups of patients, in the same geographic region, who had diabetes for 20 years. A group of 305 subjects from the Wisconsin Diabetes Registry Study (WDRS) received retinal examinations from 2007 to 2011. A group of 583 subjects from the Wisconsin Epidemiological Study of Diabetes Retinopathy (WESDR) received retinal examinations from 1980 to 1996. Researchers found the frequency and severity of diabetic retinopathy was lower for individuals in the WDRS group compared with those in the WESDR group.

"This research gives optometrists and other health care practitioners a powerful new tool to help encourage strict patient compliance with diabetes care regimes. It shows that patients with diabetes can help save their eyesight – the sense people value most – by controlling their systemic condition," Dr. Duenas said. "It is also further evidence that optometrists are an essential part of the care team for patients with diabetes."

The new study, "Assessing progress in retinopathy outcomes in type 1 diabetes: comparing findings from the Wisconsin Diabetes Registry Study and the Wisconsin Epidemiologic Study of



Fundus photo of diabetic macular edema

Diabetic Retinopathy," is available at *http://tinyurl.com/PubMed3204*.

The AOA Diabetes and Eye Health webpage (*http://tinyurl.com/AOAdiabetes*) offers a variety of online resources on diabetic retinopathy and the importance of eye care for patients with diabetes, including an interactive BMI calculator. The AOA Marketplace (*www.aoa.org/marketplace-login-info*) offers a selection of brochures and other print resources optometrists can use to help educate patients with diabetes on proper care.

Researchers find essential brain circuit in visual development

NIH-funded study could lead to new treatments for amblyopia

A study in mice reveals an elegant circuit within the developing visual system that helps dictate how the eyes connect to the brain. The research, funded by the National Institutes of Health (NIH), has implications for treating amblyopia.

"Our study identifies a mechanism for visual development in the young brain and shows that it's possible to turn on the same mechanism in the adult brain, thus offering hope for treating older children and adults with amblyopia," said Joshua Trachtenberg, Ph.D., an associate professor of neurobiology at the David Geffen School of Medicine, University of California, Los Angeles (UCLA). The study was published in *Nature*.

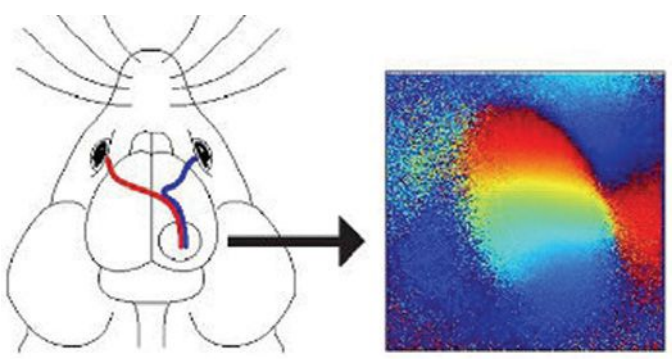


Illustration of how the eyes connect within the mouse brain. To trace the connections of the eyes to the brain in a mouse, different dyes can be placed into each eye. The left eye (red) and right eye (blue) mostly connect in separate territories. But they can both connect to the binocular zone (green-yellow). Amblyopia occurs when one eye is impaired and the other takes over this zone.
Image courtesy of Dr. Joshua Trachtenberg, UCLA.

"The new study identifies a key step in ocular dominance plasticity."

Within the brain, cells in a limited region called the binocular zone can receive input from both eyes. During brain development, the eyes compete to connect within this zone, and sometimes one eye prevails — a process known as ocular dominance.

This competition takes place during a critical period. Once the critical period closes — around age 7 in kids — the connections are difficult to change. Some studies have shown, however, that it's possible to partially correct amblyopia in the teenage years.

"The new study identifies a key step in ocular dominance plasticity," Dr. Trachtenberg said.

The study was funded by the National Eye Institute (NEI) and the National Institute of Neurological Disorders and Stroke (NINDS), both part of NIH.

Much is known about the mechanisms behind ocular dominance. Fifty years of research on it has even led to a general theory of plasticity called the sliding threshold model. The new study tested a fundamental piece of this model that at first seems at odds with ocular dominance.

According to the model, plasticity can only proceed if the activity — or firing rate — of cells in the brain is above a certain threshold. Below this threshold, strong connections won't be made stronger and weak ones won't be eliminated. This is where it's difficult to fit ocular dominance to the model: If the

see Amblyopia, page 17

Camp Courage

Optometry Cares® teams up with Helen Keller foundation to establish camp for visually impaired kids

Blind and severely visually impaired children may now have an opportunity to attend the first "Camp Courage: A Helen Keller Experience" thanks to funding from Optometry Cares® - The AOA Foundation and the Helen Keller Birthplace Foundation.

AOA Trustee Sam Pierce, O.D., presented a check for $10,000 to Camp Courage last month on behalf of the foundation.

"This is the most exciting, innovative program to potentially inspire so many children with visual challenges and other disabilities to 'Be Like Helen.'"

This October kicks off the inaugural camp offering hands-on learning experiences similar to those encountered by Helen Keller who was both blind and deaf from an early age and went on to demonstrate knowledge and skills more advanced than most.

Camp Courage, to be held annually in Tuscumbia, Ala., will introduce participants to arts and nature programs where they will learn though senses other than sight. Camp Courage will ultimately advance these children to a higher level of achievement, both academically and socially, and encourage these children to "Be Like Helen."

"This is the most exciting, innovative program to potentially inspire so many children with visual challenges and other disabilities to 'Be Like Helen,'" said Martha Rosemore Morrow, O.D., past president and board member of Optometry Cares® – The AOA Foundation. "Camp Courage will take lessons from the First Lady of Courage, Helen Keller, to use all of our senses and 'Never Give Up.' Our Optometric Oath reflects of the greatest gift to man: vision. I am so proud that Optometry Cares® - The AOA Foundation also cares enough to be a huge part of Camp Courage with these children so visually challenged."

Dr. Morrow and Foundation Board Member Kenji Hamada, O.D., are liaisons from Optometry Cares® who have been working closely with Camp Courage and the Helen Keller Birthplace Foundation.

Qualified teachers of the visually and hearing impaired from the University of Alabama at Birmingham and the University of North Alabama will introduce education, social and inspirational components to the camp participants.

"Our purpose is to show the fortitude and courage of Helen Keller and how, with the guidance and wisdom from her teacher, Anne Sullivan, one person can make a difference in his or her life," said Sue Pilkilton, executive director of the Helen Keller Birthplace Foundation. "Those selected for the camp will come with their parents at no cost, and there will be designed activities for the parents, which will relate to the challenges faced by their children."

Since 1954, the primary mission the Helen Keller Birthplace Foundation has been to showcase Helen Keller's home and life story to people from around the world.

Camp Courage applicants may apply for scholarships.

Individuals or organizations interested in supporting this once-in-a-lifetime experience can make a tax-deductible donation to the Camp Courage: A Helen Keller Experience. Mail checks made payable to "Optometry Cares – The AOA Foundation" with "Camp Courage" on the memo line to: Optometry Cares – The AOA Foundation, 243 N. Lindbergh Blvd., St. Louis, MO 63141. Online donations are available at *http://bit.ly/168YvoY* by selecting "Camp Courage: Helen Keller Experience" under Program Designation.

Support Your Foundation

To make an online donation, visit www.aoafoundation.org.

AOA Trustee Sam Pierce, O.D., with the first camper, Grace McClellan.

Dr. Pierce and Martha Rosemore Morrow, O.D., past president and board member of Optometry Cares® – The AOA Foundation, present a check to Camp Courage.

InfantSEE® joins community event to promote importance of early vision interventions

Western University of Health Sciences College of Optometry worked with the Pomona Unified School District to coordinate the "Hand 2 Hand" community event, which included a special presentation by the InfantSEE® committee. Local elected officials attended the presentation by a panel of vision experts from Western University and involved infant and child development speakers.

The activities resulted in:

- 500 children receiving free backpacks with school supplies
- More than 100 vision screenings by Western University of Health Sciences students
- More than 100 health screenings and physicals
- Education on the importance of eye exams at an early age thanks to InfantSEE®
- Clothing donations and smiles.

The weekend of events also included the Western University of Health Sciences College of Optometry hosting "An Inspirational Evening with Tom Sullivan" on the campus in Pomona, Calif.

The special event promoted the importance of vision and infant wellness.

The InfantSEE® event was sponsored by the Allergan Foundation and featured entertainer and vision advocate Tom Sullivan.

He was joined by InfantSEE® Committee Chair Glen Steele, O.D.

The InfantSEE® school event allowed students and the public to hear first-hand from participating ODs and Tom Sullivan about the importance of vision and its effects on child development.

Not only did they learn more about the InfantSEE® program, but they heard how the program continues to make a difference in the lives of families and infants in local communities.

The presenters shared how they can become part of the university's partnership to advance the mission of expanding eye health and vision care access for everyone in the United States, helping to advance human performance and improve the quality of life of those who are most vulnerable.

Visit *www.infantsee.org* for more information about getting involved in the program.

The InfantSEE® school event allowed students and the public to hear first-hand from participating ODs and Tom Sullivan about the importance of vision and its effects on child development.

Kristi Remick-Waltman, O.D., Western University assisstant professor of optometry; Tom Sullivan; Elizabeth Hoppe, O.D., Dr.PH, MPH, Western University of Heath Sciences College of Optometry founding dean; and Glen Steele, O.D., InfantSEE® Committee chair.

OPTOMETRY CARES

Foundation now accepting applicants for Galina grant

A $2,500 grant established at the bequest of the late Dr. Seymour Galina, longtime AOA member, will be awarded to the optometry student who wins the annual essay contest.

The student must meet the following criteria:

- Be a third-year student member (class of 2015) in good standing in the American Optometric Student Association (AOSA) and the AOA;
- Be a student in good academic standing;
- Submit a paper, written in English, not to exceed 1,500 words on the following topic:

Qualities I have developed through my financial planning/work experience during and/or before optometry school, that I believe will be most useful to me in a professional optometric practice.

Students should check with their schools' Student Affairs Office to determine the on-campus deadline. Each school and college will choose one candidate from all applications received for submission to Optometry Cares® by Jan. 13, 2014. One overall winner will be announced in May 2014.

Foundation seeks InfantSEE® grant applicants

Vision West, Inc. and Optometry Cares® are offering a national scholarship program to promote InfantSEE®. The national winner will be awarded $5,000, and the runner-up will receive $2,500.

This InfantSEE® Scholarship Grant, sponsored by Vision West, Inc., will be awarded to the author of the entry judged to be the best essay submitted to Optometry Cares®, with the following criteria:

- Be a third-year student member (class of 2015) in good standing in the AOSA and the AOA;
- Be a student in good academic standing;
- Submit a paper, written in English, not to exceed 1,000 words. This paper needs to address EACH of the following topics:

1. What have you done as a student to prepare yourself to become an active participant as an InfantSEE® provider?

2. How have your clinical experiences directly contributed to your development as a future participant in the InfantSEE® program and how you will translate these experiences into clinical practice as an InfantSEE® provider?

3. What do you see as the major challenges to providing optometric care to infants and how would you overcome these challenges?

4. Describe how you would personally promote the InfantSEE® program and what you envision the most effective method of marketing the importance of infant vision as an entry point into a lifetime of eye care at a state and national level.

Students should check with their Student Affairs Office to determine the institution's on-campus deadline. The Optometry Cares® deadline is Jan. 13, 2014. The winner will be announced in May 2014.

Be aware of possible antitrust violations when discussing third-party issues

Health care is becoming increasingly controversial, and nowhere more than among health care practitioners themselves. With changing marketing conditions and the federal Affordable Care Act spurring change, health plan provider agreements, fee schedules, and other aspects of third-party reimbursement are topics of interest for practitioners – including optometrists.

Amid the controversy, health care practitioners should remember that discussion regarding reimbursements or other third-party contract terms – at formal or informal meetings, in electronic or print media, or during private conversations – can lead to violations of federal or state antitrust laws with potentially severe penalties, according to AOA General Counsel Michael Stokes, J.D.

"Most health care practitioners realize that antitrust law applies to health care just as it does to any other field of business or commerce," Stokes said. "Virtually all optometrists understand the obvious implication: like other businesses, they cannot collude to take part in any of list of activities that are held under the law to be inherently anticompetitive with an inherently detrimental effect on consumers: price-fixing, bid-rigging, market-sharing, and group-boycotting."

Many optometrists – particularly those new to the profession – may not always be mindful of a common legal adage: antitrust law holds health practices, in most instances, to be businesses, not labor. Laborers can organize into unions that, when federally recognized, can negotiate contracts collectively on behalf of their members. Health care practitioners, under most circumstances, cannot.

For that reason, organizations representing health care practitioners – including the AOA and its affiliated state optometric associations – cannot:

- Engage in concerted negotiations with third-party payers on reimbursement policies.
- Enter into any agreements with a third-party payer on the amount of reimbursement or the acceptance or rejection of any rates.
- Facilitate concerted action to increase fees or reimbursement rates. (For a detailed list of actions prohibited under federal law, see box.)
- Facilitate communicaions or other actions by their members that could ultimately have an anticompetitive effect on the health care marketplace.

"Antitrust concerns arise when a group of members or others acting collectively approach a third party or a customer on behalf of a group, or even when a number of individual members take action separately based upon something that was discussed at a meeting," said Stokes. "It doesn't take much to show an agreement among competitors – a 'wink and a nod' is all it takes. That is why AOA, like most trade and professional associations, has a policy that prohibits any discussion of individual members' costs and reimbursement rates at AOA meetings."

"It doesn't take much to show an agreement among competitors – a 'wink and a nod' is all it takes."

The AOA and state optometric associations can approach insurance plans to seek information regarding general plan policy. They also provide educational information to third-party payers on optometric scope of practice, the procedures performed by optometrists, and the costs incurred by optometrists in the course of providing care.

Should an insurance plan bar optometrists from its medical eye care provider panel for procedures within the optometrists' scope of practice, or reimburse optometrists less than ophthalmologists for comparable services, the AOA or state optometric associations can enquire with plan officials about the discrepancy and provide relevant information regarding practice costs or applicable law. They can also lobby state legislatures or other governmental bodies on behalf of the AOA's members for governmental action related to insurance plan reimbursement or policy.

"Individual optometrists and practices may take any action they feel is appropriate in their independent dealings with third-party payers," Stokes emphasized. "However, a group of optometrists who are not in practice together cannot reach an agreement or engage in a collective effort to either pressure or withdraw their participation from a third-party payer because such an agreement or effort would amount to a group boycott in violation of the antitrust laws."

Penalties for antitrust law violations can be severe. Both the Antitrust Division of the United States Department of Justice and the Federal Trade Commission can bring civil lawsuits enforcing the laws. The United States Department of Justice alone may bring criminal antitrust suits under federal antitrust laws. In addition, private civil suits may be brought, in both state and federal court, against violators of state and federal antitrust law. Federal antitrust laws, as well as most state laws, provide for double and triple damages against antitrust violators.

The FTC Health Care Division's latest Overview of FTC Antitrust Actions in Health Care Services (*http://tinyurl.com/o2uhay4*), issued in March 2013, lists at least 50 cases specifically involving price-fixing or boycotts of health insurance plans health care practices, independent practice associations, or associations representing health care professionals, that have been resolved by the division since its inception.

Association actions prohibited under antitrust law

- Engage in concerted negotiations with third-party payers on the reimbursement policies.
- Enter into any agreements with a third-party payer on the amount of reimbursement or the acceptance or rejection of any rates.
- Facilitating concerted action to increase fees or reimbursement rates. Such concerted action would include:

1. Recommending that its members withdraw from contracting with a third-party payer (group boycott)
2. Adopting a resolution that its members should not participate in a third-party payer's plan or prohibiting members' participation in the plan
3. Recommending that its members not disclose certain patient medical information requested by a third-party payer
4. Asking members to pledge to not submit patient information requested by a third-party payer
5. Recommending that its members protest or challenge every reimbursement made by a third-party payer
6. Threatening mass resignation if the third-party payer's policies are not acceptable to the association or its members.

Paraoptometric resources build skills, keep staff up-to-date

The Paraoptometric Skill Builder® online training program, one of many education tools offered by the AOA Paraoptometric Section (PS), now offers staff training for seasoned optometric staff with the release of the Advanced Level 3 program.

All three levels of the Paraoptometric Skill Builder® program (Beginner, Intermediate and Advanced) are available on CD.

The Beginner Level 1 is also available free online as a Paraoptometric Section member benefit and will continue to be offered as a free member benefit to all AOA member optometrists and their paraoptometrics/ staff beginning Jan. 1, 2014.

> *"The courses are organized, accurate, and most importantly easy to understand."*

Learn more by searching "Paraoptometric Skill Builder" at *www.aoa.org*.

The Advanced Level 3 is supported through an education grant from Vistakon.

"The courses are organized, accurate, and most importantly easy to understand," said Amanda Tivoli, Clarksville Eyecare, Clarksville, Tenn. "I would highly recommend this program for anyone working in the optometry field."

The PS also now offers an Education and Product Directory on aoa.org that outlines detailed information about all available staff development and certification preparation study materials. Visit www.AOA.org > Paraoptometrics > Tools and Resources.

Remember: AOA bylaws changes will provide access to AOA membership for paraoptometrics beginning Jan. 1, 2014, at no additional membership cost to AOA-member doctors or their paraoptometrics /staff.

Staff will have access to continuing education, billing and coding webinars, members-only AOA Web pages, reduced registration fees for Optometry's Meeting® and many other benefits tailored specifically to their needs.

AOA member optometrists will be able to enroll their staff during the fourth quarter of 2013.

Watch aoa.org for updates on and information about enrolling staff before the end of 2013 so they can begin using their member benefits starting Jan. 1, 2014.

For questions regarding enrollment, email *PRC@aoa.org* or call 314-983-4108.

Amblyopia,

from page 13

binocular zone cells are only being driven by one eye, then their firing rate should drop by about half — below the threshold.

Working with the lab of Xiangmin Xu, Ph.D., at the University of California, Irvine, Dr. Trachtenberg and his team at UCLA investigated this problem in mice.

To induce changes in ocular dominance, they temporarily patched one eye in young mice.

After 24 hours, they removed the patch and recorded how the firing rate of binocular zone cells changed in response to vision through each eye.

They found the cells' firing rates immediately dropped by half when vision was restricted to one eye, as expected. But over the next 24 hours, the cells responding to either eye — even the eye that had been temporarily patched — increased their firing rate back to the normal range.

The team's next goal was to explain the increased firing rate.

"Since the signals from the patched eye to the binocular zone are reduced, we wanted to know what drives the increase," Dr. Trachtenberg said.

First, they investigated the possibility that the binocular zone cells were getting more stimulation from other parts of the brain, but that wasn't the case. Instead, the key turned out to be a brain circuit that normally inhibits the cells. When vision through one eye is impaired, the inhibition from that circuit gets weaker. This loss of inhibition restores the cells' firing rate to the range where their connections can be remodeled.

By manipulating this circuit, the researchers were able to prevent ocular dominance in young mice and induce it in older mice already beyond the critical period. If this circuit could be controlled in the human brain — for example, with a drug or with implants of the kind sometimes used to treat Parkinson's — it would open the door to correcting amblyopia years later than is currently possible, Dr. Trachtenberg said.

The study is available at *http://tinyurl.com/ln2ht5n*.

'Ask the Codeheads'

When it's OK to discount, how to bill for foreign-body removal

By Walt Whitley, O.D., Jason Miller, O.D., and Chuck Brownlow, O.D., AOAExcel™ medical & records consultants

This month's column will answer some of the common questions about discounts and billing we receive from colleagues from across the country. If you have any particular billing and coding questions, email us at *asktheCodingexperts@excelod.com*.

Question: I recently heard practices in surrounding areas were offering certain discounts on their exams. My question is whether or not prompt-pay discounts are legal?

Answer: The only acceptable discount to offer is a prompt-pay discount offered to all patients even if they have insurance. Most payers understand the acceptability of prompt-pay discounts while their contracts often require doctors to bill them using their usual fees, effectively prohibiting doctors from providing discounts to patients simply because they are private pay.

It is understood that providing discounts to patients without insurance essentially creates a new usual fee from which payers will then take their discounts. Prompt-pay discounts must be given in exchange for payment on the same day of service. The discount should not be more than 20 percent of the usual fee and may be either for services, materials, or both. Medicare's policy is to pay the lesser of the doctor's usual charge or the Medicare Fee Schedule amount. Most insurers believe "usual" equates to the charge you would bill to a private-pay patient.

Additionally, occasional discounts are all right for any reason, as long as they don't create a pattern. For example, a doctor can provide a discount of up to 100 percent in special circumstances, such as for clergy or good friends or for the indigent. It is dangerous, however, to provide discounts for a significant percentage of one's practice unless such discounts comply with the rules of prompt-pay discounts (alternatively termed cash discounts or day-of-service discounts). The significant percentage is believed to be close to 35 percent of the total practice.

The only acceptable discount to offer is a prompt-pay discount offered to all patients even if they have insurance.

Question: Can I bill an office visit 99213 with superficial conjunctival foreign body removal (65205)? If 99213 can be billed, should I add a modifier? If so, which modifier is appropriate?

Answer: If the reason for the visit was something other than the finding of or subjective complaints associated with that foreign body, then yes. The surgical code, 65205, includes the finding of the foreign body and is reimbursed at a higher rate because of that.

If the patient visits for a different reason, then billing a 99xxx code or 92xxx code with a different diagnosis and attaching modifier 25 would be appropriate.

Modifier 25 = Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service.

Practitioners may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable evaluation & management (E/M) service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure performed.

A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines at *http://go.cms.gov/16qBclB* for instructions to determine the level of E/M service).

The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery.

Contact us with any other questions. In our upcoming October webinar, we will discuss "Updates on HIPAA and ICD-10." For more information, visit *www.ExcelOD.com/events*. We hope to "see" you there!

The views expressed are those of the authors and do not necessarily reflect the views of the AOA.

AOAExcel™ Medical Records & Coding Resources

The following resources are available to AOA members through AOAExcel™. Visit *www.ExcelOD.com/Coding*.

- "Frequently Asked Questions" for members-only, provides detailed answers to medical records and coding questions.
- AskTheCodingExperts@ExcelOD.com offers AOA members-only the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.
- Medical Records and Coding Webinars are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.
- The AOAConnect social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (*connect.aoa.org*).
- AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously $349). AOACodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
- AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and local coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner's ZIP code. *AOA.ReimbursementPlus. com* provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
- Codes for Optometry is available from the AOA Marketplace for $140. It is a two-volume set including Current Procedural Terminology© American Medical Associaiton codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOAExcel™ is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

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❖ Optometry's Career Center® provides a national, online database and career matching service that helps you find jobs, partners or candidates in the optometric field across all 50 states and the District of Columbia. Visit *www.Optometrys Career Center.com*.

❖ **'Frequently Asked Questions'** for members only, provides detailed answers to business and career questions.

❖ **BusinessAndCareer OD@ExcelOD.com** offers AOA members the opportunity to email their practice management questions and have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.

❖ **Business and Career Webinars** are no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.

❖ **AOAConnect** is a members-only social networking site with a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of an optometric practice.

❖ **OptometryCEO.com** provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.

❖ **Wells Fargo Practice Finance** is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, business planning tools and a network of resources.

❖ **Practice Pathways** at Optometry's Meeting® gives both buyers and sellers the facts they need to successfully transition a practice. You'll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients. The series will cover practical knowledge, and the legal, financial, and tax aspects. For more information, email *AOAExcel@ExcelOD.com*.

The AOA is excited to share all these resources with members, bringing much expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members.

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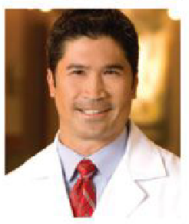

Speakers:
Jason Miller, O.D.
AOAExcel™ Medical Records & Coding Consultant

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The pathway to merging an associate with a solo doctor

By Chad Fleming, O.D., AOAExcel™ Business and Career coach

All optometry practices are for sale with the right equation. Many job-seeking optometrists look to the classified ads such as those found on Optometry's Career Center®. Students graduate from optometry school seeking the practice of their dreams only to find there are no practices hiring or for sale in the area they want to practice. Contrary to the classified ad, many optometry practices are looking to hire an associate but just don't know it yet.

These practices may know in their minds that an associate would be a great addition to the practice to relieve the stress a solo doctor feels from an overbooked schedule or a senior doctor who is looking to scale back with retirement on the horizon.

These doctors know they need to makes changes, but most do not know how and are afraid of the initial investment of bringing in a new doctor.

When the pathway is clear for merging an associate with a solo-doctor practice, the resulting relationship is a win-win opportunity for both parties.

Here are the steps in the pathway to a successful merger:

1. **Research/ Team-building** — Finding the right optometry practice starts with Internet research and learning about every optometry practice in a 50-mile radius of where one would ideally like to practice. Do not just look at the practices "for sale." Look for the best practices. Find out what patients are saying about the practices and check out their websites for the services offered. All practices are for sale with the right equation— and that is more than price. Rank the practices by preference. During this research process, meet with potential key advisers, including a certified public accountant, attorney, financial planner, and optometry practice consultant.

When the pathway is clear for merging an associate with a solo-doctor practice, the resulting relationship is a win-win opportunity for both parties.

These are listed in the order of importance.

2. **Relationship** — This begins the process of making contact with respective owners of the practices with whom you would like to work. DO NOT ask for a job in your first meeting on the phone or in person. First, compile a list of questions to find out more about their practice. This is the "considering" stage of research in which you are "making yourself known" to potential employers/partners. This is the riskiest yet most rewarding step to take on the pathway to ensuring your career success. Call the owner and request 10 to 15 minutes to ask questions about their practice.

3. **Structuring the merger** — Once you have identified, a prospective practice of interest, the next step is to discuss the needs and wants of both parties. This will require you to spend time with the owner looking for their expectations and needs for transitioning to the next step in their career. Once identified, you then can begin structuring a letter of intent (LOI) that outlines why the merger is beneficial to the owner, why you are the right fit, and what the completed deal will look like. For more information on the details of a letter of intent, email *Businessand CareerOD@excelod.com*.

Many practicing doctors know they need to take on an associate or begin the process of selling their practice.

The success of selling a practice begins early. Students and new graduates are anxious for the opportunity to be a part of a practice and eventually own one.

There are too many optometry practices closing their doors or selling assets for pennies on the dollar due to a lack of planning and not preparing in advance to sell or transition the practice.

Optometrists looking to be successful in their career as an owner-optometrist must take the initiative to find the right practice.

The views expressed are those of the author and do not necessarily reflect the views of the AOA.

Dr. Fleming

AOAExcel resources

For more information, visit *www.ExcelOD.com*.

ODs must report 8-digit clinical trial number on claims

Optometrists participating in clinical trials are mandated, effective Jan. 1, 2014, to report a clinical trial number on claims for items and services provided in clinical trials qualified for coverage as specified in the Medicare National Coverage Determination Manual.

The clinical trial number to be reported is the same number that has been reported voluntarily since the implementation of CR5790, dated Jan. 18, 2008.

That is the number assigned by the National Library of Medicine website (*http://clinicaltrials.gov*) when a new study appears in the MLN Clinical Trials database.

For additional information, visit *http://tinyurl.com/krdhx8j*.

Colombia first nation to eradicate river blindness

Colombia is the first country in the world to eradicate onchocerciasis, commonly known as "river blindness," by distributing an anti-parasitic drug in affected parts of the nation and educating local communities, according to the World Health Organization (WHO).

The United Nations health agency officially announced the breakthrough against the disease during a July meeting in Bogota with the Colombian president, health officials and campaigners against river blindness.

The WHO launched a worldwide effort to eradicate river blindness as part of its decade-long Vision 2020 – The Right to Sight program to improve eye health around the globe.

Onchocerciasis is the second-leading infectious cause of blindness worldwide, according to WHO data.

It affects more than 18 million people around the world and caused more than 300,000 cases of blindness.

River blindness is caused when the roundworm Onchocerca volvulus is spread to humans by the bite of an infected black fly common in river areas. The parasite causes eye damage that can lead to skin disease and blindness.

The AOA formally supports the WHO Right to Sight program – including the onchocerciasis eradication initiative – under House of Delegates Resolution 1940 (Support of the World Health Organization Vision 2020 – The Right to Sight).

Recent National Optometry Hall of Fame Inductee William R. Baldwin, O.D., championed U.S.-based efforts to help fight the sight-threatening eye condition. Dr. Baldwin is a longtime dean of the University of Houston's College of Optometry who after witnessing the devastating effects of the eye condition in Africa, established the River Blindness Foundation. He served as executive director and later chair of its board of directors.

The non-profit Carter Center, led by former President Jimmy Carter, plays a leading role in efforts to end the eye disease.

Since 1993, the Carter Center has led a campaign to eradicate river blindness in six Latin American countries—Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela—through its Onchocerciasis Elimination Programme of the Americas.

The campaign provided affected communities in Colombia with the medicine ivermectin to treat river blindness, also known by its registered-trademark name Mectizan, twice a year over 12 consecutive years. The drug, provided for free by the U.S. drugmaker Merck, kills the worm larvae that cause skin and eye damage.

Local health care workers, community volunteers and leaders played a key role in health education and distributing the drug.

Organizers believe river blindness will soon also be eradicated in Ecuador, Guatemala, and Mexico.

All three countries halted drug treatment in 2012 and began the three-year post treatment surveillance process required by WHO to verify elimination of the disease.

The WHO hopes progress made in Latin America against the disease will bolster efforts to eliminate river blindness in Africa, particularly in western and central Africa, where more than 120 million people are at risk and hundreds of thousands have been blinded by the condition.

For additional information, visit *http://tinyurl.com/WHORiverblindness*.

River blindness is caused when the roundworm Onchocerca volvulus is spread to humans by the bite of an infected black fly common in river areas.

What's better than 9?

Be aware of the ICD-10 deadlines

The Centers for Medicare & Medicaid Services indicated the ICD-10- Clinical Modification/Procedure Coding System compliance date of Oct. 1, 2014, is firm and not subject to change.

It is important to start your preparations now to avoid potential issues when the conversion to ICD-10 is implemented.

To get the latest updates on ICD-10, visit *http://go.cms.gov/1eshX36*.

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New Hampshire's 'Diabetic Eye Exam Initiative' partners with CHCs to prevent visual impairment

Expansion of a New Hampshire Optometric Association (NHOA) program partnering optometrists and local community health centers is helping reduce the frequency of vision-threatening retinopathy by providing annual dilated eye examinations. The program's expansion increased exams to more than 90 patients and resulted in a 20-percent pathology rate.

Events were previously based on the needs of patients with diabetes within a single community, but in 2012 the program expanded to three neighborhood health centers across New Hampshire.

The NHOA now collaborates with Manchester Community Health Center in Manchester, Goodwin Community Health in Somersworth and Families First Health Center in Portsmouth.

The three leading diagnoses are cataracts, glaucoma and diabetic retinopathy. Doctors also noted dry eye and anterior segment disease.

Further program expansion is planned, however, each health center has unique needs and challenges. What works in one center may not fit in another, so expansion will be done strategically to benefit all involved.

"NHOA members provide free dilated eye examinations and education for un-insured and under-insured diabetics," said David Caban, O.D., NHOA immediate past president. "The goal is for community health center diabetic populations to have annual eye examinations to help prevent visual impairment due to preventable diabetic retinopathy."

Dr. Caban is the program co-director along with Sarah Jagatic, O.D., and is a Healthy Eyes Healthy People® (HEHP) grant recipient.

The program held five successful events within the last year. In April, they held the first lunch-and-learn event at Goodwin Community Health, with a local optometrist educating the staff and physicians on diabetes and its effects on the eye. Project activities included dilated eye examinations scheduled on Saturdays every quarter.

"These comprehensive exams captured a wealth of information: medical and ocular history, visual acuity, pupils, EOMS and confrontational visual fields, Goldman tonometry, anterior segment exam with slit lamp, and dilated fundus examination both direct and indirect," Dr. Caban said.

Diabetic testing strips were provided as an incentive for people to keep their exam appointments. Results were then shared with the patient's primary care physician. Testing strips were purchased using funds from the HEHP grant.

"We promoted the program through partnering with community health centers using a targeted approach to their uninsured and under-insured diabetic patients," said Dr. Caban. "The centers have tight budgets, and HEHP grant funding helped bridge the gap to potentially aid hundreds of diabetics in getting the comprehensive eye exams they needed."

In addition to funding the purchasing of the testing strips, HEHP funding was used for brochures, postage and mailing costs and helped achieve program goals by maximizing health center partnerships.

"We are grateful to the NHOA for its collaborative effort to provide the necessary preventive dilated eye examinations to benefit diabetic patients," said Kris McCracken, executive director of the Manchester Community Health Center. "By partnering with community health centers that already serve patients with barriers to care like financial constraints, language barriers and transportation limitations, the NHOA has found a way to partner effectively to get eye care services to the populations that need them most."

Drs. Caban's and Jagatic's future plans include broadening the program within the state and continuing to provide quarterly eye exams for diabetics in need. NHOA doctors also periodically present at educational lunch and learns for diabetic patients, physicians and staff, and use pamphlets available through the AOA in mailings.

Beyond the scope of this program, Drs. Caban and Jagatic plan to partner with local businesses to increase eye care awareness and provide free eye exams for the homeless as part of a community health fair partnering with Lions International.

The following NHOA member ODs and Raymond Chew, O.D., of the Armed Forces Optometric Society, participated in the New Hampshire Diabetic Eye Exam Initiative:
James Belanger, O.D.
David Caban, O.D.
Shirlie Dowd, O.D.
David Eaton, O.D.
David Hartenstein, O.D.
Sarah Hudson, O.D.
Sarah Jagatic, O.D.
Brian Klinger, O.D.
Charles LaFreniere, O.D.
James Mancini, O.D.
Amy Pruszenski, O.D.

Dr. Caban

Dr. Jagatic

"The centers have tight budgets, and HEHP grant funding helped bridge the gap to potentially aid hundreds of diabetics in getting the comprehensive eye exams they needed."

NEI offers more grants for audacious eye research

The National Eye Institute (NEI) announced funding opportunities for two new high-priority research areas under its Audacious Goals Initiative to support advanced eye care-related science.

The NEI Molecular Therapies for Eye Disease grant is designed to encourage the development of new therapies to preserve and restore sight through the control, modification, or delivery of genetic information, or through the use of small molecules or optogenetics. Proposed therapies may be directed toward any tissues of the visual system. Highest priority for support under this announcement will be for preclinical and in vivo animal studies.

The institute's Intersection of Aging and Biological Mechanisms of Eye Disease grants will support research projects that investigate mechanisms underlying age-related changes in the eye and assess their impact on vision and associated brain functions, identify early biomarkers of disease, and evaluate interventions to prevent age-related eye disease. Applications may propose design-directed, developmental, discovery-driven, or hypothesis-driven research.

For additional information, visit *www.nei.nih.gov/audacious*.

ABB Optical Group enhances patient retention program for annual supplies

ABB OPTICAL GROUP has enhanced their Patient Retention Program by adding two new annual supply sales aids to help their customers add value to their practice by driving more annual supply sales of soft contact lenses. These improved personalized communication tools help practices retain their patients by illustrating the value of purchasing an annual supply through their trusted eye care professional.

"We are excited to provide our customers additional Patient Retention sales aids to help drive more annual supply sales," said Lynda Baker, executive vice president of ABB Optical Group. "These customizable visual aids assist office staff and the doctor to communicate the cost savings associated with purchasing an annual supply. This proactive practice communication program will show that with manufacturer rebates, free shipping and the convenience of ordering an annual supply, it is truly the best option for the patient. Our doctors will no longer have to worry about their patients becoming a consumer."

The New Annual Supply Product Sheets are for individual soft contact lens product that can be updated with a practice's annual supply pricing. Practices will have the ability to print individual sheets for the products that they fit most often and would like assistance with selling more annual supplies. Utilizing these sheets with manufacturer rebates, new fit/refit rebates and insurance benefits will help illustrate the cost savings with an annual supply.

"This individual sales aid gives practices the ability to show all the cost savings associated with new patients or a refit patient when additional manufacturer rebates are available for soft contact lenses," Baker added. "Combining that with insurance benefits makes selling annual supply to those patients even easier."

These customizable visual aids assist office staff and the doctor to communicate the cost savings associated with purchasing an annual supply.

The New Annual Supply Patient Savings Tool is fully customizable and can illustrate four, six, or nine products on a single sided sales aid. Double sided versions are also available to have price comparisons on more products. Once developed for a practice, it can easily be updated with pricing or rebate adjustments as needed.
Accounts can order their customizable annual supply tools directly from their sales representative. The sales representatives have been fully trained to show a practitioners' office staff how to go about presenting annual supplies of contact lenses, and can also work with the office to develop a plan for increasing annual supply business by utilizing all of the tools that the ABB Optical Group Patient Retention Program provides.

Other Patient Retention Program tools provided include: Quarterly Soft Lens Retail Price Monitor, Annual Supply Tutorial, Annual Supply Comparison Worksheet, and Annual Supply Pencil Cell Tear Sheet.

For additional information, visit *www.abbconcise.com* and *www.opticaldg.com*.

American Optometric Association Ophthalmic Council™ Est. 1998

Alcon
Allergan
Bausch + Lomb
CooperVision
Essilor of America
HOYA Vision Care
Kemin Health
Luxottica Group
Optos
TLC Vision Corporation
Transitions Optical
VisionWeb
Vistakon®, Johnson & Johnson Vision Care, Inc.

Menicon introduces Unique pH travel pack

Menicon America Inc., announced today that Unique pH® is now available in a convenient travel size designed to meet TSA guidelines for carrying liquids on board aircraft. The Menicon Unique pH Travel Pack contains a two-fluid ounce (60 mL) bottle of Unique pH and lens case.

The Travel Pack features a new bottle incorporating the latest in Blow-Fill-Seal technology—widely considered to be a superior form of packaging for pharmaceutical and health care products.

The bottle's dropper tip is sealed providing an extra measure of safety while also preventing unopened bottles from accidentally leaking in transit. Screwing the cap clockwise as far as it will go pierces its seal. Unscrew conventionally in the counter clockwise direction.

"We are excited to meet the demand for Unique pH in a travel-size bottle," said David Moreira, vice president of Marketing at Menicon America, Inc. "Expanding the Unique pH product line further underscores Menicon's long-term commitment to the GP lens care business and, given the discontinuation of Opti-Free® GP, provides those loyal users another reason to stick with the same time-proven and excellent formulation."

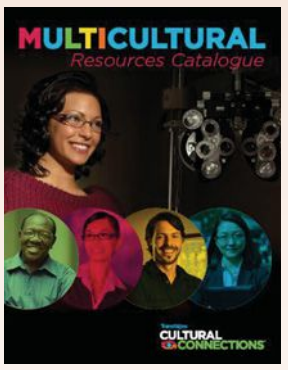
The Unique pH Travel Pack is available to patients through the Menicon WebStore.

In 2011, the company introduced the new Menicon lens care system consisting of Menicon Unique pH, Menicon Progent, and Menicon Rewetting Drops and a revolutionary e-commerce model designed specifically for practitioners and their patients.

For more information on Menicon's GP lens care and WebStore, visit *info.meniconamerica.com*.

Menicon Unique pH Travel Pack

Transitions Optical introduces updated Multicultural Resources Catalogue



Transitions Optical, Inc. recently updated its popular Multicultural Resources Catalogue with new information and tools to better connect eye care professionals with their culturally diverse patients.

New resources for 2013 include American Board of Opticianry (ABO)-accredited education courses, a series of best practice videocasts, and a Multicultural Initiative Report from Transitions Optical.

Eye care professionals can request a copy of the catalogue and other printed materials free of charge through a new online ordering feature at MyMulticulturalToolkit.com, or by contacting Transitions Optical Customer Service directly at *CService@Transitions.com* or 800-848-1506.

J&J seeks UV research proposals

Johnson & Johnson Vision Care, Inc. (JJVCI) is now accepting research proposals related to ultraviolet (UV) radiation and the human eye. Specific areas of interest include the following topics:

- Eye health including photoageing (cataractogenesis, presbyopia, corneal, retinal, conjunctival/limbal changes)
- Epidemiology of UV induced ocular disease including geographic, ethnic, and occupational study. Proposals may include the study of indoor and outdoor UV radiation. Increased risk associated with UV exposure in youth.
- Assessing the protective effect of UV blocking contact lenses on human ocular tissues including methodology, measurement techniques and clinical endpoints. Comparative protective effects of contact lenses and spectacles/sunglasses.

Research proposals must be submitted through the JJVCI Investigator Initiated Study (IIS) application process by contacting the Clinical Research Administrator by email at *RA-VISUS-IISRequests@its.jnj.com*, or by calling 904-443-1525.

All research proposals must be submitted in English.

For additional information on JJVCI's IIS process and policy, visit *www.acuvueprofessional.com/investigator-initiated-studies*.

Gulden's announces new user-friendly EZ View prism bars

Gulden Ophthalmics, the company that invented the prism bar 75 years ago, has created the new EZ View™ Prism Bar that offers advantages for both the eye care professional and patient.

Prism bars provide a range of prism corrections in one convenient, easy-to-use instrument as opposed to using separate prisms.

In this regard, they save time during the examination, beneficial to both examiner and patient.

They are used in several different applications during vision exams. This includes measuring phoria deviation when testing or measuring ocular alignment.

Measurements are also used for calculating the amount of correction needed in strabismus surgery and for monitoring changes in ocular alignment with recovery from muscle imbalance.

The new EZ View Prism Bar eliminates a problem that exists with other prism bars: the numerical magnitude of the prism has typically been located on the thick edge of the prism bar. This created a problem for the examiner.

> *When moving the position of prism magnitude with EZ View the examiner can now see the numbers without the need to either turn the prism bar or change viewing position.*

When using the prism bar to measure either the angle of deviation or to measure convergence and divergence amplitudes, the examiner had to either turn the prism bar sideways to view the numerical magnitude or make a pronounced movement to the side to view the prism magnitude.

When moving the position of prism magnitude with EZ View the examiner can now see the numbers without the need to either turn the prism bar or change viewing position.

The issue of turning the prism bar sideways during the assessment of vergence amplitudes could interfere with the accuracy of the measurement.

These issues can be particularly problematic for less experienced examiners; EZ View's design allows clinicians to concentrate on the important aspects of the examination procedures and easily view the results.

Gulden also provides many other prisms and prism bar sets including combination prism bars; stick prisms; stick prisms with the new magnetically attachable handles; vergence facility testing prisms; and prism bars available in various horizontal or vertical configurations in various diopter or degree ranges and sizes.

For more information, visit *www.guldenophthalmics.com*.

Alden expands Astera parameters

Alden Optical, a manufacturer of custom made-to-order soft and gas permeable contact lenses announced today that it has expanded the parameter range of Astera Multifocal Toric.

Eye care professionals can now address even higher demands for near correction with the addition of a third ADD Profile design.

The new ADD profile also allows Alden to refine its fitting recommendation for all three Astera ADD profiles for improved precision with near vision correction.

Specifically, ADD Profile 1 is now recommended to +1.50D, Profile 2 from +1.75D to 2.25D and Profile 3 for ADD requirements of +2.50D or greater.

"Astera Multifocal Toric has been well received by practitioners, particularly for its toric precision and outstanding distance vision," said Tom Shone, president, Alden Optical. "The one request has been for "a higher ADD" which we are now excited to offer."

MEETINGS

October

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT
43RD ANNUAL MEETING
October 8-12, 2013
Rosen Shingle Creek, Orlando, FL
330/995-0718
www.covd.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA: PART I - LANDMARK STUDIES & DIAGNOSTIC TESTING
October 9, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

VOSH INTERNATIONAL ANNUAL MEETING
October 10-11, 2013
Ritz Carlton Hotel, San Juan, PR
www.vosh.org/membership/meetings

IDAHO OPTOMETRIC PHYSICIANS ANNUAL CONGRESS
October 10-12, 2013
The Coeur d'Alene Resort, Coeur d'Alene, ID
208/461-0001
randregg7@frontier.com

WISCONSIN OPTOMETRIC ASSOCIATION
NORTHWOODS EDUCATION EVENT
October 11-12, 2013
Grand Pines Resort, Hayward, WI
Joleen Breunig, Member Services Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

COLEGIO DE OPTÓMETRAS DE PUERTO RICO
20TH OPTOMETRIC CONVENTION
October 11-13, 2013
Ritz Carlton, Isla Verda, Puerto Rico
787/767-2828
info@colegiooptometraspr.com
www.optometras.org

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY & VOSH INTERNATIONAL
CE IN HOUSTON
October 13, 2013
Health and Biomedical Science Building, Molly and Doug Barnes Vision Institute (located at the University of Houston College of Optometry), Houston, TX
713-743-1900
http://ce.opt.uh.edu/live-events/ceinhouston2013

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA: PART II - SECONDARY GLAUCOMAS & MANAGEMENT OVERVIEW
October 16, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

IOWA OPTOMETRIC ASSOCIATION
HAWKEYE INSTITUTE
October 17-18, 2013
Cedar Rapids Marriott Hotel, Cedar Rapids, IA
800/444-1772
515-222-5679
FAX: 515-222-9073
http://iowaoptometry.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
CLINICAL CURRICULUM - VT/STRABISMUS & AMBLYOPIA
October 17- 20, 2013
Grand Rapids, Michigan
800/447-0370
TheresaKrejciOEP@verizon.net
www.oepf.org

PIONEERS IN OPTOMETRY REGIONAL CONFERENCE
OKLAHOMA ASSSOCIATION OF OPTOMETRIC PHYSICIANS
October 18-20, 2013
Renaissance Hotel & Convention Center
Tulsa, OK
Heatherlyn Burton
405/524-1075
heatherlyn@oaop.org
www.PioneersInOptometry.org

CE IN ITALY
October 19-21, 2013
Florence Italy
Dr. James L. Fanelli
910/452-7225
jamesfanelli@ceinitaly.com
www.CEinItaly.com

VIRGINIA OPTOMETRIC ASSOCIATION
VOA FALL CONFERENCE
October 19-20, 2013
Great Wolf Lodge, Williamsburg, VA
Bo Keeney
804-643-0309
www.thevoa.org

OCULAR NUTRITION SOCIETY
FALL 2013 EDUCATIONAL SYMPOSIUM
October 22, 2013
Sheraton Seattle, Seattle, WA
info@ocularnutritionsociety.org
www.ocularnutritionsociety.org

CE IN ITALY
October 23-251, 2013
Tuscany, Italy
Dr. James L. Fanelli
910/452-7225
jamesfanelli@ceinitaly.com
www.CEinItaly.com

AMERICAN ACADEMY OF OPTOMETRY
ACADEMY 2013 SEATTLE
October 23-26, 2013
Seattle Convention Center
www.aaopt.org

17TH CONTINUING EDUCATION EVENT
OPHTHALMIC CONSULTANTS OF LONG ISLAND
October 27, 2013
Carlyle on the Green
Farmingdale, NY
www.oclipartner.com

MICHIGAN OPTOMETRIC ASSOCIATION
FALL SEMINAR
October 29-30, 2013
Lansing Center, Lansing, MI
517/482-0616
www.themoa.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA: PHARMACOLOGY
October 30, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

November

MARSHALL B. KETCHUM UNIVERSITY/SCCO
LOW VISION / TBI
November 1, 2013
Las Vegas VA, Las Vegas, NV
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

SPORTS VISION UNIVERSITY
November 1-2, 2013
Maryland Optometric Association
2013 Annual Conference
Hyatt Regency Baltimore
Baltimore, MD
CCWilliams@aoa.org

SPORTS VISION UNIVERSITY
November 2, 2013
Optometry Association of Louisiana
Fall CE Conference
Baton Rouge, LA
CCWilliams@aoa.org

FALL CE CONFERENCE
OPTOMETRY ASSOCIATION OF LOUISIANA
November 2, 2013
Baton Rouge Marriott Hotel
Baton Rouge, LA
James Sandefur
888-388-0675
FAX: 318/335-0677
optla@bellsouth.net
www.optla.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION
ESSENTIALS IN EYE CARE
November 2-3, 2013
Marriott Pittsburgh North, Cranberry Township, PA
Ilene Sauertieg
ilene@poaeyes.org
www.pennsylvania.aoa.org

GLAUCOMA GRAND ROUNDS PROGRAM WITH LIVE PATIENTS
November 2-3, 2013
Western University College of Optometry, Pomona, CA
909/706-3493
ceoptometry@westernu.edu
http://www.westernu.edu/optometry-continuing-education

MARYLAND OPTOMETRIC ASSOCIATION
2013 ANNUAL CONVENTION AND CONTINUING EDUCATION FORUM
November 2-3, 2013
Hyatt Regency Baltimore
Jennifer Levy
jlevy@marylandoptometry.org
www.marylandoptometry.org

SPORTS VISION UNIVERSITY
November 6, 2013
New Jersey Society of Optometric Physicians
Fall CE Seminar
Manalpan, NJ
CCWilliams@aoa.org

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM
REVOLUTIONEHR, VISIONWEB, FOXFIRE
November 6, 2013
Chicago, IL
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

MARSHALL B. KETCHUM UNIVERSITY/SCCO
DECISION-MAKING IN GLAUCOMA
November 6, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

TROPICAL CE
November 6-10, 2013
Puerto Vallarta
281/900-8493
Fax: 281/274-9338

VIRGINIA OPTOMETRIC ASSOCIATION
VOA VOYAGES IN VISION CONFERENCE
November 7-10, 2013
St. Thomas, US Virgin Islands
Bo Keeney
804-643-0309
www.thevoa.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
CLINICAL CURRICULUM: THE ART & SCIENCE OF OPTOMETRIC CARE - A BEHAVIORAL PERSPECTIVE
November 7- 11, 2013
Western University College of Optometry, Pomona, CA
800/447/0370
TheresaKrejciOEP@verizon.net
www.oepf.org

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM
RevolutionEHR, Visionweb, FoxFire
November 8, 2013
Las Vegas, NV
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

ALABAMA OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
November 8-10, 2013
Birmingham, AL
Jo Beth Wicks
334/273-7895
jobeth@alaopt.com
www.alaopt.com

WISCONSIN OPTOMETRIC ASSOCIATION
PRIMARY CARE SYMPOSIUM
November 8-9, 2013
Madison Marriott West Hotel, Middleton, WI
Joleen Breunig, Member Services Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2013 CE CHARLESTON
November 8-9, 2013
Doubletree Suites, Charleston, SC
Jeanne Oliver
503/352-2740

FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
CE IN AUSTIN
November 9-10, 2013
Omni Austin Hotel Downtown,
Austin, TX
713-743-1900
http://ce.opt.uh.edu/live-events/ceinaustin2013

VIRGINIA ACADEMY OF OPTOMETRY
ANNUAL EDUCATIONAL CONFERENCE
November 10, 2013
Fredericksburg, VA
vaacadoptom@yahoo.com

MARSHALL B. KETCHUM UNIVERSITY/SCCO
CLINICAL TOPICS IN OPTOMETRY
November 10, 2013
Marshall B. Ketchum University/SCCO, Fullerton, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GONIOSCOPY LECTURE: GENERAL & GLAUCOMA-RELATED
November 13, 2013
West Los Angeles VA, Los Angeles
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

WEST VIRGINIA ASSOCIATION OF OPTOMETRIC PHYSICIANS
ANNUAL CONGRESS
November 14-17, 2013
Embassy Suites, Charleston, WV
304-720-8262
www.wvaop.org

IOA PRACTICE MANAGEMENT SEMINAR
INDIANA OPTOMETRIC ASSOCIATION
November 19, 2013
Ritz Charles, Carmel, IN
Bridget Sims
317/237-3560
blsims@ioa.org
www.ioa.org/IOA-practice-management-course-.news

MARSHALL B. KETCHUM UNIVERSITY/SCCO
SYSTEMIC IMAGING BASICS FOR THE OPTOMETRIST
November 20, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
CLINICAL CURRICULUM - VT/VISUAL DYSFUNCTIONS
November 21- 25, 2013
Southern College of Optometry, Memphis, TN
800/447-0370
TheresaKrejciOEP@verizon.net
www.oepf.org

December

MARSHALL B. KETCHUM UNIVERSITY/SCCO
OPTIC NEUROPATHIES
December 6, 2013
Las Vegas VA, Las Vegas, NV
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
30TH ANNUAL CORNEA, CONTACT LENS & CONTEMPORARY VISION CARE SYMPOSIUM
December 7-8, 2013
Westin Memorial City, Houston, TX
713-743-1900

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GP LENS SYMPOSIUM
December 8, 2013
Marshall B. Ketchum University/SCCO, Fullerton, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

VOSH OF NEW ENGLAND
CE FOR OPTICIANS & PARAOPTOMETRICS
December 8, 2013
The New England College of Optometry, Boston, MA
RhodyParas@gmail.com
www.VOSH-ONE.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA GRAND ROUNDS WITH LIVE PATIENTS
December 8-9, 2013
Marshall B. Ketchum University/SCCO, Fullerton, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

MARSHALL B. KETCHUM UNIVERSITY/SCCO
CO-MANAGEMENT OF RETINAL PROCEDURES
December 11, 2013
Sepulveda VA, Sepulveda, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

MARSHALL B. KETCHUM UNIVERSITY/SCCO
SYSTEMIC DISEASE REVIEW
December 18, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

January

MARSHALL B. KETCHUM UNIVERSITY/SCCO
DRY EYE / EXTERNAL DISEASE
January 3, 2014
Las Vegas VA, Las Vegas, NV
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

MARSHALL B. KETCHUM UNIVERSITY/SCCO
SYSTEMIC PHARMACOLOGY
January 8, 2014
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2014 GLAUCOMA SYMPOSIUM
January 11, 2014
Willows Lodge, Woodinville, WA
Marti Fredericks
503/352-2207
FAX: 503/352-2929
frederim@pacificu.edu
www.pacificu.edu/optometry/ce

EYECARE ASSOCIATES CONTINUING EDUCATION PROGRAM
January 11-12, 2014
Williamsburg Hotel, Williamsburg, VA
Linda Cavazos, ECA Meeting Planner
804/356-5165

MARSHALL B. KETCHUM UNIVERSITY/SCCO
ANTERIOR & POSTERIOR SEGMENT
January 12, 2014
Marshall B. Ketchum University/SCCO, Fullerton, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

MARSHALL B. KETCHUM UNIVERSITY/SCCO
MACULAR DISEASE
JANUARY 15, 2014
SEPULVEDA VA, SEPULVEDA, CA
714/449-7495
FAX: 714/992-7855
CE@KETCHUM.EDU
WWW.KETCHUM.EDU/CE

TROPICAL CE
January 18-25, 2014
Costa Rica
281/900-8493
Fax: 281/274-9338

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY
BERKELEY PRACTICUM - 25TH ANNUAL
January 18-20, 2014
DoubleTree Hotel, Berkeley Marina, Berkeley, CA
UCBSO Continuing Education Program Office
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu/ce/berkeley-practicum

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2014 ISLAND EYES CONFERENCE
January 19-25, 2014
Grand Wailea, Maui, HI
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

MARSHALL B. KETCHUM UNIVERSITY/SCCO
DERMATOLOGY: GENERAL & NEOPLASTIC DISEASE
January 22, 2014
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

OREGON OPTOMETRIC PHYSICIANS ASSOCIATION
2014 WINTER CE
January 24, 2014
PCLI, Pearl District, Portland, OR
Lynne Olson
503-654-5036 or 800-922-2045
FAX: 503-659-4189
lynne@oregonoptometry.org
www.oregonoptometry.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
OCULAR & SYSTEMIC URGENCIES & EMERGENCIES
January 29, 2014
Sepulveda VA, Sepulveda, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

AEA CRUISES OPTOMETRIC CRUISE SEMINAR
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Positions are available in each of our in-house residency programs in Cornea and Contact Lenses, Family Practice Optometry, and Pediatric Optometry to commence June 2014. Salary for each position is $40,644.00. Applicants must possess an O.D. degree from an accredited professional optometric program and must have passed Parts I, II, and III of the NBEO.

Additional residency positions are available at our affiliated programs: Ocular Disease at Omni Eye Services of Atlanta; Ocular Disease at Vision America of Birmingham; Hospital-Based / Primary Care Optometry at the Tuscaloosa, AL VAMC; and Geriatric and Low Vision Rehabilitative Optometry at the Birmingham VAMC.

Deadline for ORMatch application (www.natmatch.com/ormatch) is February 15, 2014. Program website may be found at www.uab.edu/optometryresident. Requests for additional information should be addressed to:

Lisa L. Schifanella, O.D., M.S.
School of Optometry
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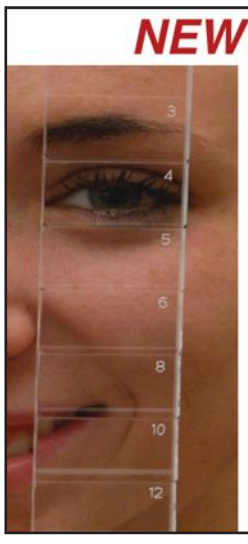

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The University of the Incarnate Word is a Catholic institution that welcomes to its community persons of diverse backgrounds, in the belief that their respectful interaction advances the discovery of truth, mutual understanding, self-realization, and the common good. The Rosenberg School of Optometry seeks applicants for didactic and clinical faculty positions with a variety of interests to participate in the evolution and implementation of its curriculum. Candidates should have a strong record of academic accomplishments and a desire for excellence in teaching, scholarship, service, leadership, and patient care.

Candidates with experience and expertise in all areas of optometric education will be considered and those with an interest in vision therapy and binocular vision are particularly desired. Applicants must possess the Doctor of Optometry degree and have completed an ACOE accredited residency or fellowship program, or have equivalent clinical and academic experience. This position is full-time at the rank of instructor, assistant or associate professor. Rank will be commensurate with past experience, responsibilities and qualifications. Evidence of development in the areas of scholarship and patient care is important. The successful candidate may be assigned clinical, classroom, and laboratory teaching responsibilities and will have scholarship and service expectations.

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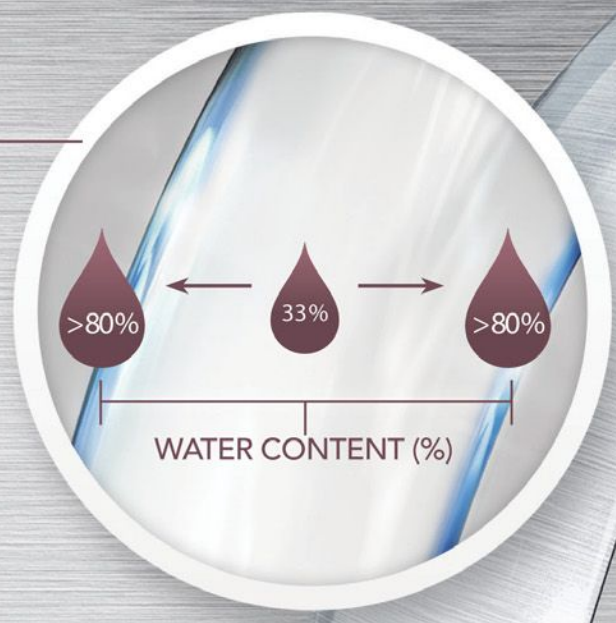

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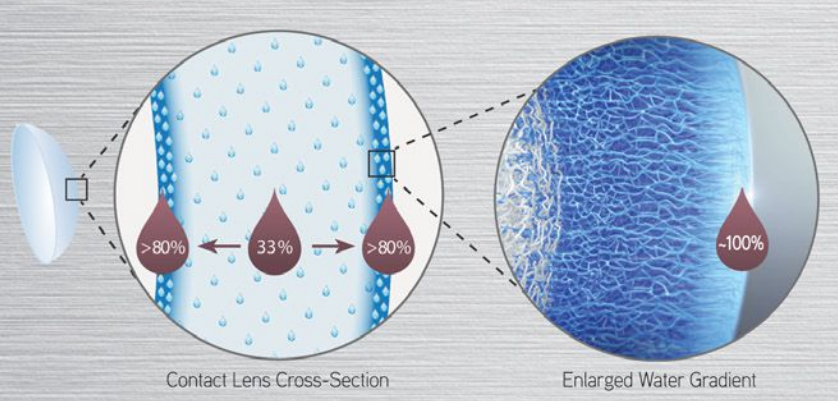

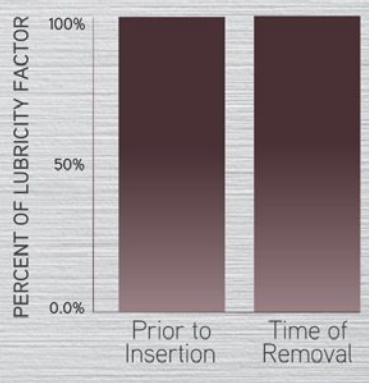

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1. Alcon data on file, 2011.
2. Brennan N. Contact lens-based correlates of soft lens wearing comfort. Optom Vis Sci. 2009;86:E-abstract 90957.
3. Coles CML, Brennan NA. Coefficient of friction and soft contact lens comfort. American Academy of Optometry. 2012;E-abstract 125603.
4. Kern JR, Rappon JM, Bauman E, Vaughn B. Assessment of the relationship between contact lens coefficient of friction and subject lens comfort. ARVO 2013;E-abstract 494, B0131.
5. Thekveli S, Qiu Y, Kapoor Y, Kumi A, Liang W, Pruitt J. Structure-property relationship of delefilcon A lenses. Cont Lens Anterior Eye. 2012;35(suppl 1):e14.
6. Angelini TE, Nixon RM, Dunn AC, et al. Viscoelasticity and mesh-size at the surface of hydrogels characterized with microrheology. ARVO 2013;E-abstract 500, B0137.

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